

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------------|-----------------------------------------------------------------------|
| Date of Submission | 02/06/2022 16:53 (SGT) |
| Date of Accident | 30/05/2022 23:20 (SGT) |
| Exact Location of Accident | 614A Woodlands Ave 4, Singapore 731614 |
| Additional Location Information | B/614A WOODLANDS AVE 4 MULTI-STOREY CARPARK LEVEL 3B LOT 193 & 194 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | GBF3347A |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | BSHK LOGISTICS SHIPPING PTE LTD |
| Company Reg No | 200915516C |
| Email Address | bshktkc8@singnet.com.sg |
| Mobile Phone No | (Phone) +65-97683923 |
| Alternative Phone No | (Office) +65-67480106 |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------------|---------------------|
| Manufacturer | Nissan |
| Model | Cabstar |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 2953 |

INSURANCE COMPANY

| | |
|---------------------------------|-----------------------------------------------|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMCVSNW00101222100 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|--------------|
| Name of Driver | NG KIAN HONG |
|----------------------|--------------|

| | |
|--------------------------------------------------------------------|-------------------------|
| NRIC No | S6914435G |
| Date Of Birth | 29/04/1969 |
| Occupation | Outdoor |
| Date Of Driving Pass | 25/07/1989 |
| Driving experience | 32 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90821864 |
| Alt. Phone Number | - |
| Email Address | bshktkc8@singnet.com.sg |
| Address | B/612 WOODLANDS AVE 4 |
| Address complement | #10-457 |
| Postcode | 730612 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|------------------------------|
| Type of Accident | Collided into Parked Vehicle |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|-----------------------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|-------------------------------------------------|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

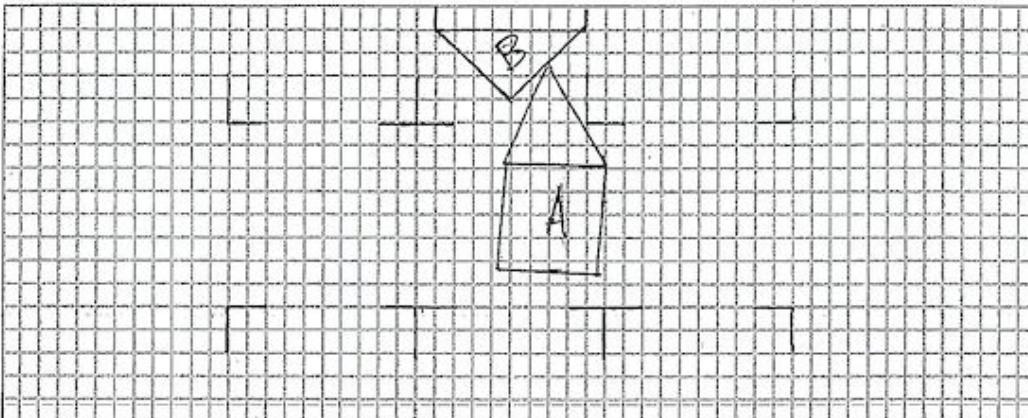
| | |
|-----------------------------------------------------|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | SLH3005H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |

| | |
|-----------------------------------------------|---|
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/5/22 AT ABOUT 1120PM IN THE MULTI-STOREY CARPARK OF BLOCK 614A WOODLANDS AVE 4 DECK 3B. I WAS DRIVING GBE3347A (A) AND HAVING THE INTENTION OF PARKING INTO THE LOT OPPOSITE OF LOT 193, I MADE A TURN INTO LOT 194 AND PROCEEDED TO REVERSE INTO THE OPPOSITE LOT. AS I DID, THE LEFT SIDE OF MY VEHICLE BRUSHED AGAINST SLH3005H (B) WHICH WAS PARKED IN LOT 193.

I WISH TO STATE THAT I WAS ALONE IN MY VEHICLE AND THERE IS NOBODY IN SLH3005H.

A) GBE3347A

B) SLH3005H.


IMPORTANT NOTE

Under General Condition - Conduct of Claim of the Motor Policy, you have to decide within 14 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time


Driver's Signature
(If driver is not the policyholder)
Date & Time


Reporting Centre Personnel's Signature
Name:
NRIC / Fin No.:

SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time


Driver's Signature
(If driver is not the policyholder)
Date & Time


Reporting Centre Personnel's Signature
Name:
NRIC / Fin No.:









May 31, 2022 17:10:40
38 Loyang Drive
Singapore