

## 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 ability.
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 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 Report	24/03/2016 17:05
Date Of Accident	24/03/2016 12:30
Exact Location Of Accident	CTE TOWADS SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV5563K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PLUMBING REVOLUTION ENGINEERING PTE LTD
Co Reg No	201511290Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-86684399

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-2.5 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle

### Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	5075936029
Cover Note Number	

### Driver

Name of Driver	NG JOO HENG
Work Permit No	G7063276X
Date Of Birth	09/04/1977
Occupation	Outdoor
Date Of Driving Pass	09/01/2001
Driving Experience	15 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-90086356
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 8B @ ADMIRLATY  
ADMIRLATY STREET #02-14  
Postcode S757440  
Was driver an employee of the Insured's Company Yes  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident Unknown - REFER TO SKETCH PLAN  
Weather Conditions Clear  
Road Surface Dry

#### Other Information

Was any foreign vehicle involved in this accident? No  
Was any body injured in the Accident? No  
Was any other material or property damaged? Yes  
Was there any video captured by Car Camera? No  
Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? No  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? No  
If Yes, against whom?

#### Circumstances of Accident

PLEASE SEE ATTACHED SKETCH PLAN. ATTENDED BY : SUSAN  
Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDT8998R  
Vehicle Make/Model/Colour TOYOTA ESTIMA  
Details Of Properties  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address



**SKETCH PLAN**

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**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.

IDAQ SIN MING (VAC)

385 Sin Ming Drive

Singapore 575713

Tel: 6455 5358 (ARC)

Fax: 6452 6621



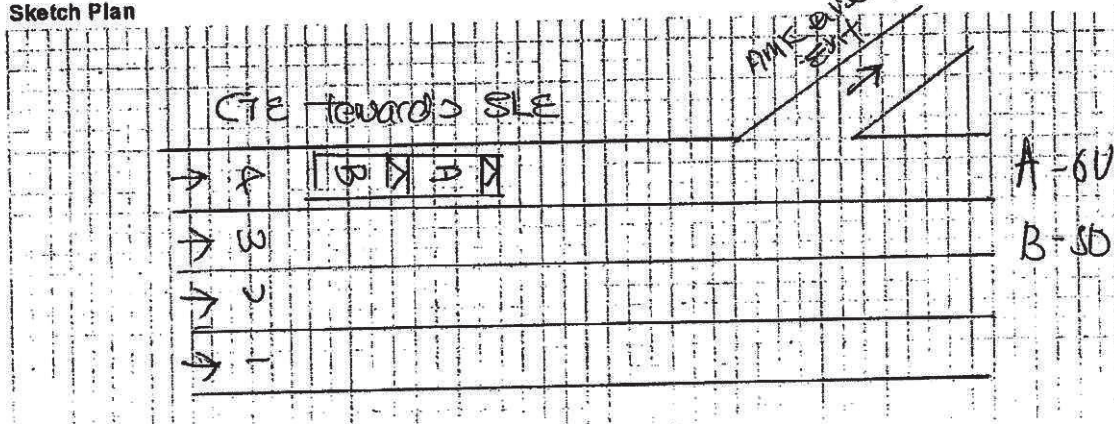
Hcy. 24 MAR 2016

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Sketch Plan #2 Pg.1

Describe Circumstances of the Accident

I was travelling along CTE towards SLB  
before SMK Ave 3 on lane 4 (extreme left)  
I slow down, suddenly vehicle B hit onto my  
rear portion. I felt my back, neck and leg pain.

Declaration

We declare the foregoing particulars are true in every respect. 24 MAR 2016



Policyholder's Signature / Date & Time

Heng

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

Heng

IDAC SIN MING (P) LTD  
385 Sin Ming Drive  
Singapore 570511  
Tel: 6433 3255 (10 lines)  
Fax: 6433 3257

Witnessed by Reporting Centre Personnel