

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	11/09/2017 13:28
Date Of Accident	09/09/2017 04:50
Exact Location Of Accident	BUKIT BATOK WEST AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8296G
Insured/Policyholder	
Name Of Registered Owner	UNIQUE ENTERPRISE
Co Reg No	53234221J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90698100
Alternative Phone No	OFFICE-90698100
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN-3.0 D (A)
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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5072514807-02
Cover Note Number	
Driver	
Name of Driver	YEO KOK TONG
NRIC No	S1541060D
Date Of Birth	22/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1980
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90698100
Fax Number	
Contact Number	OFFICE-90698100
Email Address	NOEMAIL

Address 118 PENDING ROAD
#03-250

Postcode S670118

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 -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - U-TURN

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

I have been approached by unknown person(s) soliciting/offering accident claims assistance. 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

I WAS TRAVELLING ALONG BUKIT BATOK WEST AVE 6 ON THE RIGHT LANE GOING STRAIGHT, THERE WAS A TYAXI ON THE LEFT LANE WHICH SAW A PASSENGER AND SUDDENLY TURN RIGHT TO THE OPPOSITE JUNCTION WANTING TO PICKUP THE PASSENGER. AS A RESULT, THE FRONT LEFT PROTION OF MY VEHICLE HIT ONTO THE RIGHT SIDE PORTION OF THE SAID TAXI. ATTENDED BY : SUSAN

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 SHD3336X

Vehicle Make/Model/Colour COMFORT TAXI

Details Of Properties

Name of Driver NEO BOON LENG

NRIC/Passport Number S6928480I

Contact Number 98338192

Address

Postcode

Insurance Company Name

Nature Of Damage

Nc. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

唯一企业
UNIQUE ENTERPRISE

11 SEP 2017

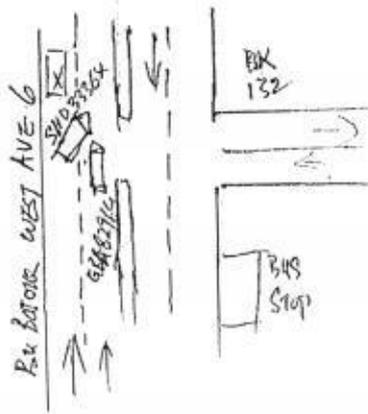
IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 659545
Tel: 6567 9427 / 6560 3312
Fax: 6569 0722


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

A large rectangular area with horizontal lines for writing. A diagonal line is drawn across the area from the bottom-left towards the top-right, indicating that the section is unused.

Declaration

We declare the foregoing particulars are true in every respect

11 SEP 2017

IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 650545
Tel: 6567 9427 / 6560 3312
Fax: 6569 0722
Email: vacbb@singnet.com.sg

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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel