

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	24/11/2017 09:46
Date Of Accident	24/11/2017 09:10
Exact Location Of Accident	PIE TWDS CHANGI NORTH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YK7212E
Insured/Policyholder	
Name Of Registered Owner	DISTRI-LINK (SINGAPORE) PTE LTD
Co Reg No	199002087N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91057040
Alternative Phone No	OFFICE-91057040
Vehicle Particulars	
Manufacturer	NISSAN
Model	PKF212NHRN
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	0082071756-14
Cover Note Number	
Driver	
Name of Driver	KORISSANY B AHMAD
NRIC No	S1625148H
Date Of Birth	19/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1997
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91057040
Fax Number	
Contact Number	OTHERS-91057040
EEmail Address	NOEMAIL

Address	BLK 539 WOODLANDS DRIVE 18 #04-115
Postcode	730539
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 - CHANGE/CROSS LANE
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

PLS REFER TO THE ATTACHED STATEMENT

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	SLM4053K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	WEE LIONG CHENG (HUANG LIANGQING)
NRIC/Passport Number	S7237856C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

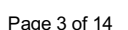
Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

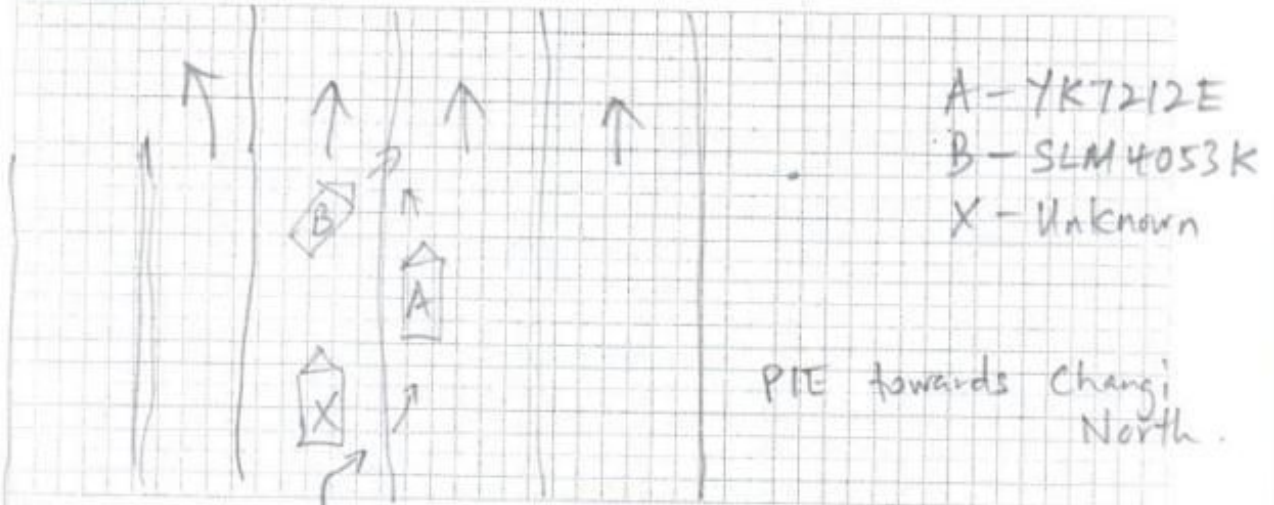
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8. **Consent under the Personal Data Protection Act (PDPA)**

- (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.



Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Attached

DECLARATION

I/We declare the foregoing particulars are true in every respect.

INTERNATIONAL LOGISTICS
Policyholder's Signature
Date & Time: 24/11/17

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/11/17

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

Accident Sketch Plan

I WAS TRAVELLING ALONG PIE TWDS CHANGI NORTH ON THE 3RD LANE .I OVERTAKE VEH X FROM THE RIGHT.AFTER I OVERTAKE VEH X, BEFORE CHANGING LANE,I CHECK THERE'S NO ONCOMING VEH I ON MY SIGNAL TO SWERVED MY VEH BACK TO 3RD LANE.,WHILE CHANGING LANE MY VEH HIT ONTO VEH B THAT ARE CHANGING LANE TOO.AFTER THE IMPACT VEH B SPINNING AND FACING ONCOMING VEH.

A handwritten signature in blue ink, consisting of a large, stylized loop followed by the name "Sharif" in a cursive script.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



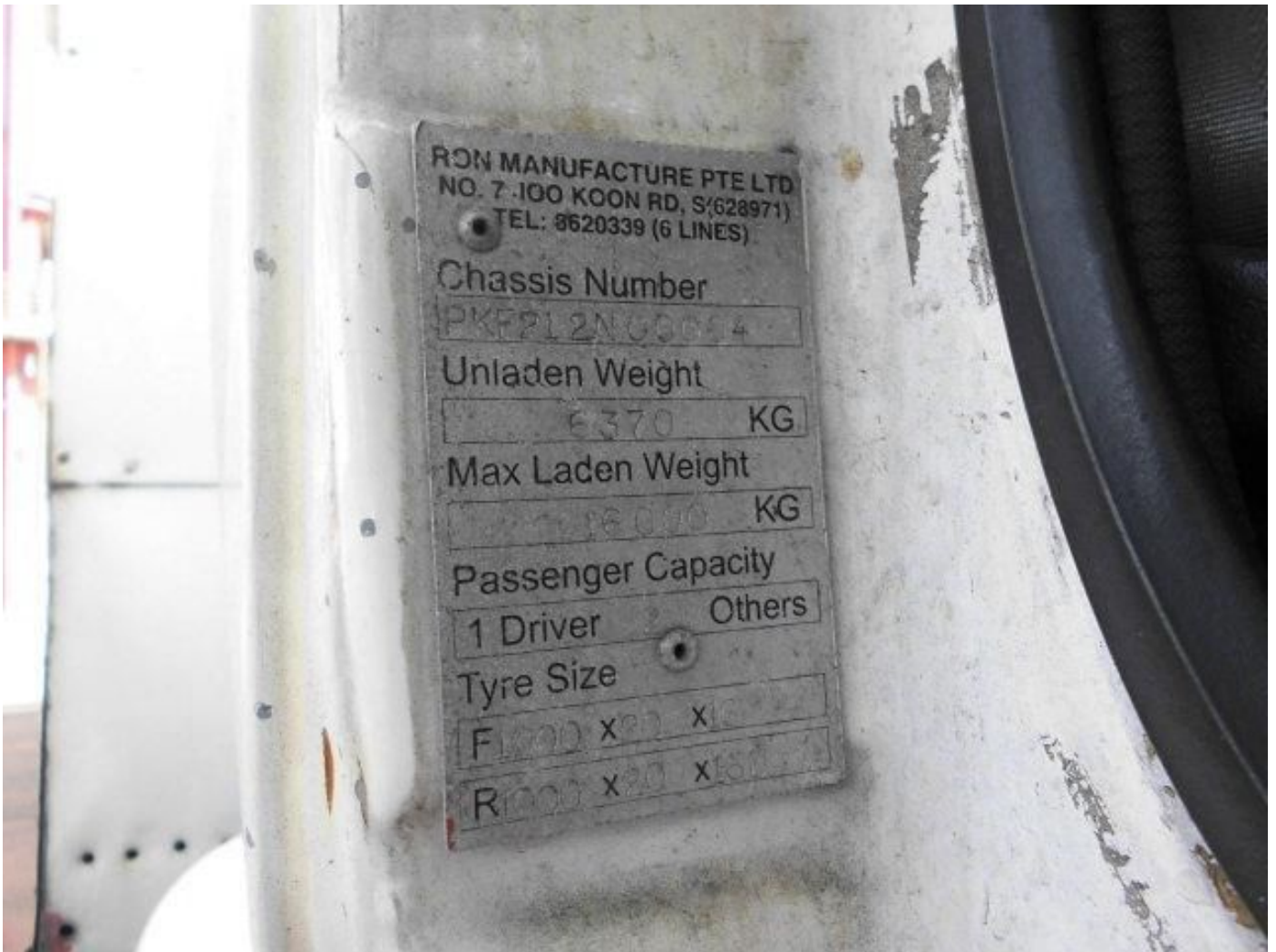
Accident Photo



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Accident Photo



Accident Photo

