Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 27/11/2017 09:47

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 witholding 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	27/11/2017 09:40
Date Of Accident	23/11/2017 12:30
Exact Location Of Accident	AT BLK 19A DOVER CRESCENT MSCP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GR2925R
Insured/Policyholder	
Name Of Registered Owner	L&T ELECTRICAL ENGRG PTE. LTD.
Co Reg No	200822520N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65560610
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P1685444
Cover Note Number	CN798854
Driver	
Name of Driver	HOOI CHEE MUN
NRIC No	S8261717E
Date Of Birth	26/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	22/12/2008
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98468178
Fax Number	(LOCAL) +65-63622371
Contact Number	
EMail Address	NOEMAIL

Address	
Postcode	
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	COLLIDED INTO PARKED VEHICLE
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)	3

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

AS PER 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	SJG8741L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	97612980
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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7. By the lodgment 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

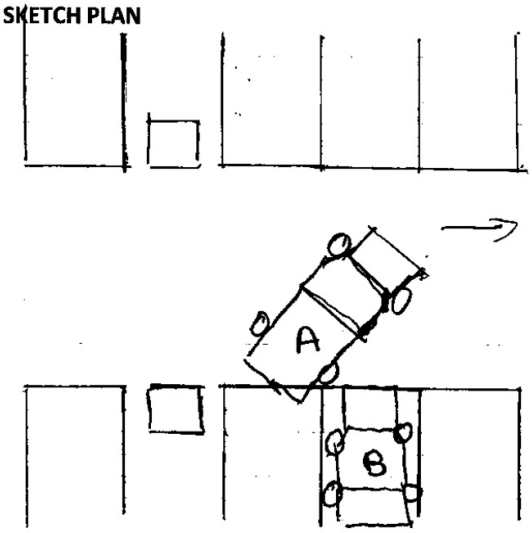
   (ii) for complying with requirements under any regulations, laws or court orders.

L&T ELECTRICAL ENGINEERING PTE LTD Reg No: 200028252N

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.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



A -> GR 2975 R

B -> SJG 8741L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 23.11.2017 @ 2.30 pm

Accident Location : Blk 19A Dover Crescent Multi Storey Carpark Lot 68

As per police report.

☑ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

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

*** IMPORTANT NOTE:**
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

L&T ELECTRICAL ENGINEERING PTE LTD Reg No: 200822520N

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.:

SINGAPORE POLICE FORCE

J/20171123/2067

POLICE REPORT (NP299)

Report No. J/20171123/2067

Police Station Of Origin
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Date/Time Report Made	Vide Report No.	Station Diary No.
23/11/2017 13:53		9

Name Of Informant HOOI CHEE MUN	Address NO.8 JALAN SAGA 9,TMN DESA CEMERLANG 81800 ULU TIRAM,JOHOR MALAYSIA			
ID Type / ID No. NRIC NO / S8261717E	Contact No. Home/Office		Mobile 98468178	
Nationality MALAYSIAN	Email Address			
Occupation Lorry driver	Sex Male	Age 35	Date of Birth 26/04/1982	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 23/11/2017 12:30	Location Of Incident 19A DOVER CRESCENT MULTI STOREY CAR PARK SINGAPORE 131019			

Brief details.

On 23/11/2017 at 1230hrs at Blk 19A Dover Crescent Multi Storey carpark lot 68, I was reversing my lorry (GR2925R, Nissan Cabstar, Silver) into lot 67 when my lorry's rear right side hit onto a parked car (SJG8741L, White, Subaru) damaging the front right bumper side. I then left my contact detail on the note and placed it on the car to inform the owner to contact me about the accident. The owner had contacted me and informed me that he had already reported the matter to police. My lorry sustained no damage. There was no driver in the said car and no government properties involved. I am lodging this report for

Signature Of Officer Recording The Report: J / Sgt 1 MUHAMMAD SHAIFUDIN SHAH BIN EFFENDI	Signature Of Informant: x
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2017 13:53
Officer In-Charge Of Case: J / Bukit Batok N.P.C / Insp TIONG YEN ZHEN Contact No.: 6791 0000	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

J/20171123/2067

POLICE REPORT (NP299) CONTINUATION OF REPORT Report No. J/20171123/2067

record purpose and for insurance claim.

Signature Of Officer Recording The Report: J / Sgt 1 MUHAMMAD SHAIFUDIN SHAH BIN EFFENDI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2017 13:53
Officer In-Charge Of Case: J / Bukit Batok N.P.C / Insp TIONG YEN ZHEN Contact No.: 6791 0000	Classification Of Case:
Authentication Stamp	

Accident Photo

Accident Photo

Accident Photo