

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	02/12/2017 15:59
Date Of Accident	01/12/2017 08:15
Exact Location Of Accident	ORCHARD TURN
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD2249S
Insured/Policyholder	
Name Of Registered Owner	TAI SING CORPORATION (PTE) LTD
Co Reg No	197100260C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62912633
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081531085-01
Cover Note Number	
Driver	
Name of Driver	LIM ENG LEONG
NRIC No	S0133199Z
Date Of Birth	05/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	08/08/1979
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94557399
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 416 CLEMENTI AVE 1 #33-277
Postcode	120416
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	SIDE SWIPE
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	PA9615Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ANG BOON HOCK
NRIC/Passport Number	S1108045F
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

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 to be processed by my insurer collectively the "Personal Information" and disclose and transfer such Personal Information to all insurers 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/postal 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.

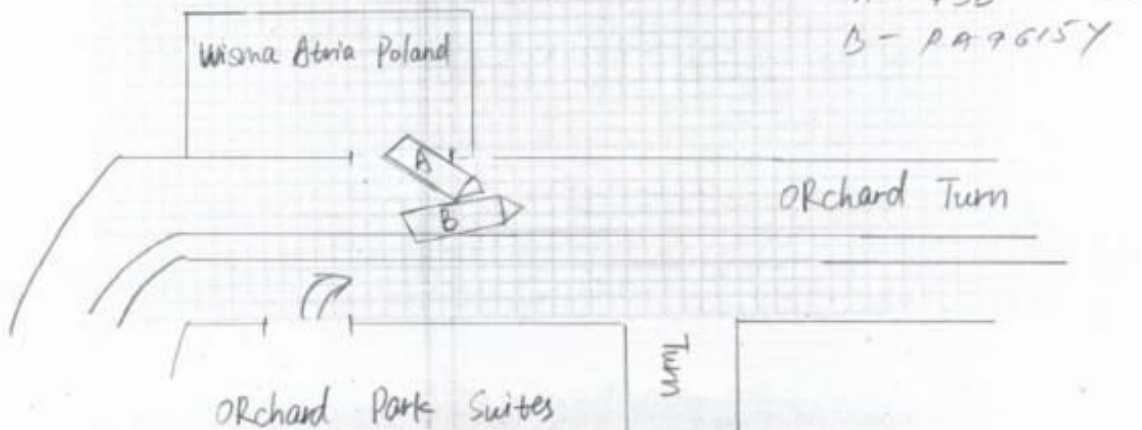
TAI SING CORPN. (PTE) LTD.
732, NORTH BRIDGE ROAD
SINGAPORE 198700
TEL: 62912633

Policyholder's Signature / Date & Time

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

Witness/Reporting Captain's Personal

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

When My vehicle A was parked in reverse. I noticed there was no car around when I was ready to reverse. Suddenly vehicle B hit my car in the right hand side. Vehicle B rushed out of the apartment directly across and hit my vehicle A.

Declaration

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



Policyholder's Signature / Date & Time

大生 (私人) 有限公司
TAI SING CORPN. (PTE) LTD.
732, NORTH BRIDGE ROAD
SINGAPORE 198700
TEL: 62912633

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

Witnessed by Recording Centre Personnel

 02/12/17

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

