

NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Attn: Motor Claim Department

Date: 04/12/2017

Time: 11.30am

By Fax: 62244174

Tel: 63476100

Email : motorclaim@iii.com.sg

To : **India International Insurance Pte Ltd**

Accident involving your insured vehicle No. **SH8352P** with
Our/My vehicle No. **GBB4456H** on **30/11/2017** along **Collyer Quav (S)**.

1. I, We, the owner of Vehicle No. **GBB4456H** intend to make a 3rd party claim against your insured.
2. Our/My Vehicle is now at the workshop **Million Auto Service** Tel: **65670817**
No. 4 Penjuru Place #01-12, 2.8 Penjuru Tech Hub (S)608782 and is available for your inspection before repairs are carried out.
3. Please acknowledge receipt of this Notification by return fax to **67914716**,
And reply within 2 days whether you wish to inspection the vehicle or waive inspection.

Piya Auto Pte Ltd

Your faithfully

Surveyor Name:

Tel:

Email:

Date:

Signature:

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	01/12/2017 15:06
Date Of Accident	30/11/2017 19:30
Exact Location Of Accident	COLLYER QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4456H
Insured/Policyholder	
Name Of Registered Owner	PIYA AUTO PTE LTD
Co Reg No	201503255W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93889419
Alternative Phone No	OFFICE-93889419

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-2.0 (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	REPORTING ONLY
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	5076969791-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD IFDHAL BIN MAHMOOD
NRIC No	S9416321H
Date Of Birth	12/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93889419
Fax Number	
Contact Number	OFFICE-93889419
EMail Address	NOEMAIL

Address 45 CHAI CHEE ST
#02-145
Postcode S461045
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) 2

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

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 SH8352P
Vehicle Make/Model/Colour COMFORT TAXI
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 Pg. 1

SKETCH PLAN

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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. The report will be forwarded by 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 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.



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 1.12.17 1543



IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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

ALONG COLLYER QUAY, I'M MAKING MY MOVE TOWARDS THE 3RD LANE, I'VE
SIGNAL RIGHT HOPING THE TAXIDRIVER (CH8352P) GIVE WAY SINCE IT'S BEEN MORE
THAN 5 SECONDS NEARLY A MINUTE, WHILE AT STATIONARY POSITION, THE TAXI SLOWLY
INCH FORWARD AND REFUSED TO GIVE WAY FOR ME. HE DID NOT APPLY THE ONE VEHICLE
LENGTH RULE. JUST AS THE LIGHT TURN GREEN, WITH MY VEHICLE POSITION ALREADY 1/4
IN THE LANE, I SLOWLY MOVED AND WHILE AT IT, THE TAXI ALSO MAKE HIS MOVE
AND CAUSING US TO COLLIED AND GET INTO AN ACCIDENT

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

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 1.12.17 1543

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