

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	29/11/2017 11:55
Date Of Accident	28/11/2017 15:30
Exact Location Of Accident	SLIP RD OF BUKIT BATOK EAST AVE 2 & AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1372P
Insured/Policyholder	
Name Of Registered Owner	FOO HAI BUDDHIST CULTURAL AND WELFARE ASSOCIATION
Co Reg No	S98SS0092J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65692131

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5054607194-05
Cover Note Number	COMPREHENSIVE

Driver

Name of Driver	YEAP SONG NAM
NRIC No	S1623757D
Date Of Birth	26/12/1963
Occupation	INDOOR
Date Of Driving Pass	14/02/1989
Driving Experience	28 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96231353
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 210 JURONG EAST STREET 21 #09-363
Postcode	600210
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 - HEAD TO REAR
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)	4

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 am making a left turn at the slip road from Bukit Batok avenue 2 towards Bukit Batok avenue 6. upon reaching the zebra-crossing, I stopped stationary my vehicle A to give way to pedestrain. Just a few seconds after I stopped my vehicle A, I felt an impact from my vehicle A's rear. after which i realized that vehicle B had hit onto the rear of my vehicle A and caused damages to it. No injuries reported at the scene.

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	SJS5858R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KEN PUAH KUANG
NRIC/Passport Number	
Contact Number	96677350
Address	
Postcode	
Insurance Company Name	AIG ASIA
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Vehicle No: PC1372P

Report Date & Start Time: 29/11/17 / 11:59

Report No: MT/

D.O.A: 28/11/2017

Make / Model: TOYOTA HIACE

Reporting Type: End Time: /

Time: 1530 hrs
hrs

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' 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.



29/11/17 / 11:59

Policyholder's Signature / Date & Time

[Signature]

29/11/17 / 11:59

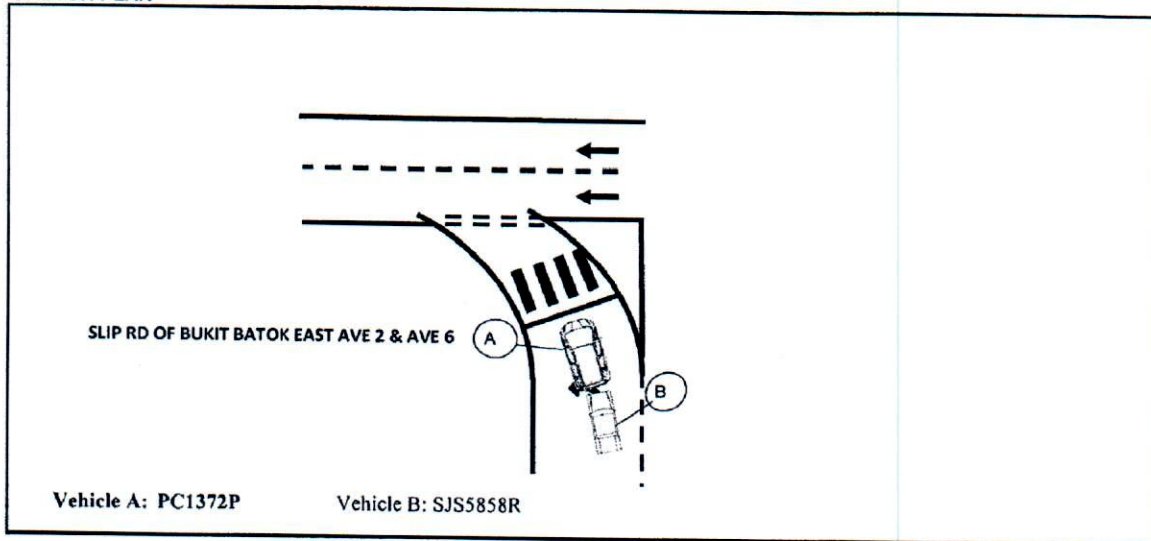
Driver's Signature (if driver is not the policyholder) / Date & Time

Aaron Chuah (S991802)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am making a left turn at the slip road from Bukit Batok avenue 2 towards Bukit Batok avenue 6, upon reaching the zebra-crossing, I stopped stationary my vehicle A to give way to pedestrian. Just a few seconds after I stopped my vehicle A, I felt an impact from my vehicle A's rear, after which I realized that vehicle B had hit onto the rear of my vehicle A and caused damages to it. No injuries reported at the scene.

Declaration

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



11/29/2017 11:59

Policyholder's Signature / Date & Time

A handwritten signature of the driver.

11/29/2017 11:59

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



Aaron Chuah (S991802)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel