

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 as aforesaid.

ACCIDENT STATEMENT

Date Of Report	13/12/2017 11:08
Date Of Accident	12/12/2017 10:45
Exact Location Of Accident	BEDOK NORTH TURNING INTO B/181 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8532J
Insured/Policyholder	
Name Of Registered Owner	DANZS TRADING SERVICES
CoReg No	53364791J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83217087
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5 M
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5092011870 CQMP
Cover Note Number	
Driver	
Name of Driver	LOH JEE KWANG (LUO YUGUANG)
NRIC No	S7441935F
Date Of Birth	14/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2000
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83217087
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 914 TAMPINES ST 91 #07-33
Postcode	520914
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - OWN COMPANY
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?	YES
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

REFER TO SKETCH PLAN ATTACHED. ATTENDED BY AINI

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	SHC3962T
Vehicle Make/Model/Colour	HYUNDAI I40 (TAXI)
Details Of Properties	
Name of Driver	CHEW ENG HO
NRIC/Passport Number	S0105386H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	NAFISAH
Phone Number	91804510
Email Address	

DETAILS OF INJURED PERSON 1

Name	LOH JEE KWANG (LUO YUGUANG)
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

GBD8532J

☒ Were seat belts worn?

☒ Was injured conveyed to hospital by ambulance?

Address

Postcode

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.

LDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13 DEC 2017



Policyholder's Signature

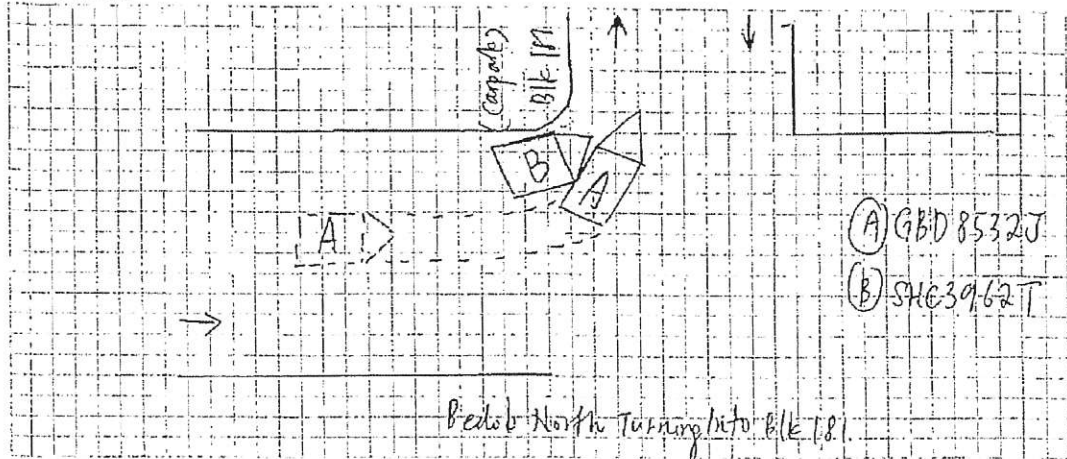
Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I am driving along Bedok North turning into
Bik 181 Carpark. Veh B was parked at the
entrance of the carpark with hazard light on picking
up passengers. I therefore overtake Veh B and
turn into Bik 181 Carpark. While turning in
Veh B suddenly just move off and hit onto
the side of my vehicle. I wish to stated that
I had after the incident the passenger of the
taxi is willing to be my witness. witness
name is Nafisah, contact no. 91804510.

DECLARATION

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

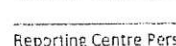

Policyholder's Signature
Date & Time:




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

13 DEC 2017

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: yockkb@singnet.com.sg


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