

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	14/12/2017 14:12
Date Of Accident	14/12/2017 11:20
Exact Location Of Accident	TAMPINES RD, OUTSIDE PAYA LEBAR AIRBASE GATE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU7682S
Insured/Policyholder	
Name Of Registered Owner	TROPICA ENTERPRISE
Co Reg No	53191719C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81221800

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO 110CDI

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MT20171414
Cover Note Number	26/03/2017 - 14/03/2018

Driver

Name of Driver	MUHAMMAD FARID BIN OSMAN
NRIC No	S8241041D
Date Of Birth	27/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2004
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK164C RIVERVALE CRESCENT #11-270
Postcode	543164
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
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?	NO
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

ON THE STATED DATE & TIME, WHILE I WAS DRIVING ALONG THE SAID LOCATION. THE AIR CON SUDDENLY DIED ON ITS OWN AND I COULD SMELL A BURNT PLASTIC KIND OF SMELL. I STOPPED BY THE SIDE OF THE ROAD NEAR TO BUS STOP TO CHECK. AS I WAS ACCESSING THE SITUATION, I SAW WHITE SMOKE COMING OUT FROM UNDER THE PASSENGER SEAT. WHEN I OPENED THE DOOR ON THE PASSENGER SIDE, I SAW FIRE UNDER THE SEAT. I IMMEDIATELY CLEARED THE CONTENTS AT THE BACK OF THE VEHICLE AND MY BELONGINGS BEFORE CALLING 995. WHILE TALKING ON THE PHONE WITH THE OPERATOR, MORE SMOKE CAME OUT OF THE VEHICLE AND FIRE WAS VISIBLE. FIRE TOTALLY ENGULFED THE VEHICLE WITHIN A FEW MINUTES.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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.



Policyholder's Signature
Date & Time:

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

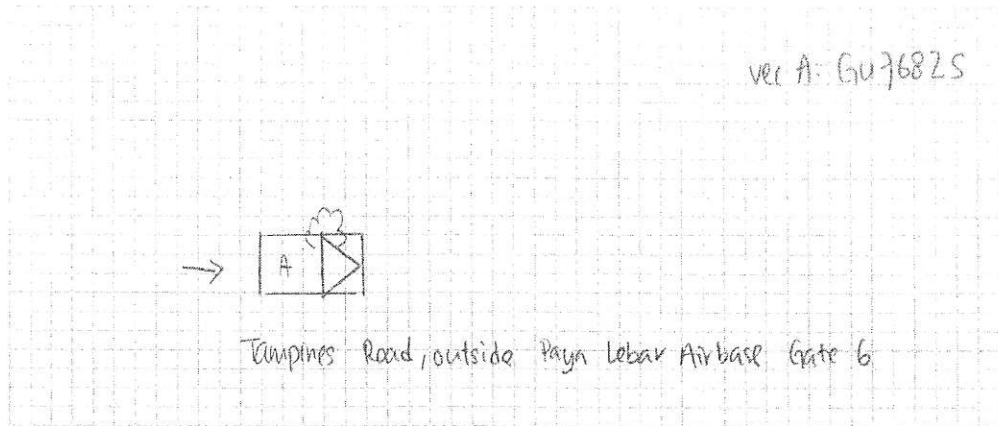


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



GAIPND Sketch Plan Form, 02

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was driving, the aircon suddenly died on its own and I could smell a burnt plastic kind of smell. I stopped by the side of the road near to a bus stop to check. As I was assessing the situation, I saw white smoke coming out from under the passenger seat. When I opened the door on the passenger side, I saw fire under the seat. I immediately cleared the contents at the back of the vehicle and my belongings before calling 995. While talking on the phone with the operator, more smoke came out of the vehicle and fire was visible. Fire totally engulfed the vehicle within a few minutes.

Site: Tampines Road, outside Paya Lebar Airbase Gate 6
Time: Approximately 11-20am

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:



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