

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	06/12/2017 21:45
Date Of Accident	05/12/2017 17:35
Exact Location Of Accident	ALONG YISHUN AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4482K
Insured/Policyholder	
Name Of Registered Owner	BOK SENG LOGISTICS PTE LTD
Co Reg No	199305010H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64161975

Vehicle Particulars

Manufacturer	HINO
Model	FS1ETMA-KAS-12.9 D (M)
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	M489372
Cover Note Number	

Driver

Name of Driver	TAN KIM SENG
NRIC No	S1395467D
Date Of Birth	25/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1980
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96258173
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 980C BUANGKOK CRESCENT #04-69
Postcode	533980
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

ON MENTIONED DATE/TIME, I WAS TRAVELLING ON THE MIDDLE LANE ALONG YISHUN AVE 2. THERE WERE BUS PARKED ON THE EXTREME LEFT LANE AND THE LAST BUS AT THE END OF THE QUEUE HAD ITS REAR PROTRUDING OUT ONTO THE SECOND LANE. I KEPT MY VEHICLE SLIGHTLY TOWARDS THE RIGHT TO PREVENT A COLLISION. I CHECKED MY FRONT RIGHT MIRROR FOR TRAFFIC CLEARANCE. THERE WERE NO ONCOMING VEHICLES ON THE EXTREME RIGHT LANE. I THEN SLOWED DOWN MY VEHICLE AND STOPPED TO CHECK AGAIN. TRAFFIC WAS CLEAR. JUST AS I WAS ABOUT TO MOVE TO THE RIGHT LANE, VEHICLE B WHICH WAS BEHIND ME FILTERED OUT AND TRIED TO SQUEEZE PAST MY VEHICLE. VEHICLE B TRIED TO KEEP A DISTANCE FROM MY VEHICLE BUT THEN SWERVED AND COLLIDED INTO MY VEHICLE'S FRONT RIGHT PORTION WHILE TRYING TO AVOID A ROAD SIGN PROTRUDING ON THE ROAD. MY VEHICLE SUSTAINED DAMAGES AT THE FRONT RIGHT PORTION. VEHICLE B'S LEFT SIDE MIRROR FELL OFF DUE TO THE IMPACT.

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	SHD3346S
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Name of Driver	ONG PANG MING
NRIC/Passport Number	S7219678C
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 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.

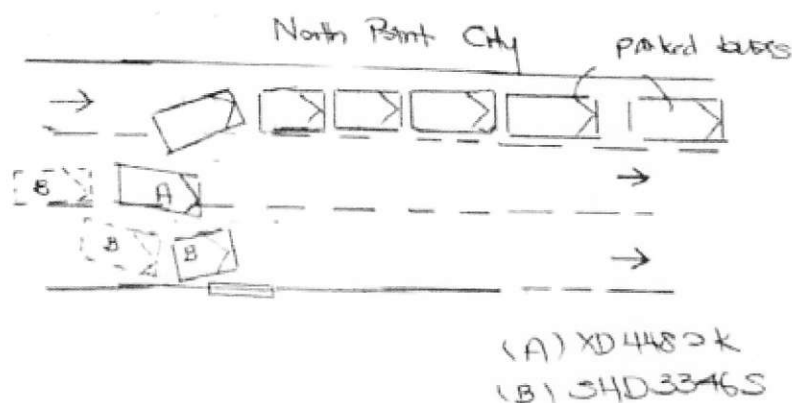
Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.:

GUARANTY Motor Insurance Co. Ltd.