

## 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	02/01/2018 11:01
Date Of Accident	08/12/2017 18:20
Exact Location Of Accident	ALONG CLEMENTI RD BESIDE BUS STOP NO:42141
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4689G
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#### Insured/Policyholder

Name Of Registered Owner	TAT LEE ELECTRICAL PLUMBING SERVICE
Co Reg No	38270600E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5085583941-01
Cover Note Number	

#### Driver

Name of Driver	CHAN CHEE PENG
NRIC No	S1344076Z
Date Of Birth	05/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1979
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97374030
Fax Number	
Contact Number	OFFICE-97374030
Email Address	NOEMAIL

Address	BLK 825 WOODLANDS STREET 81 #01-442
Postcode	730825
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 STATEMENT.

#### 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

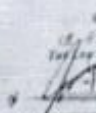
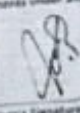

Vehicle Registration Number	SGS5791J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

# Accident Sketch Plan

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report accurately the details of the accident to assist in the claims process.
2. This form must be completed by the Policyholder within the Authorized Period.
3. Information provided must be as accurate and complete as possible. Any willful misrepresentation or withholding of material facts may void the insurance coverage or result in a denial of the claim.
4. The use of this form by insurance companies is not an admission of fault or liability on the part of the insurance company.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the Insurer to the relevant authorities (e.g. the Police) for their use in the investigation of the accident and for the purpose of the insurance claim.
7. No litigation of the report to the Insurer, nor liability caused by the provision of this report to the Insurer and no release of the report being made available.
8. Consent under the Personal Data Protection Act (PDPA):
  - (a) I understand, acknowledge, agree and consent that:
    - (i) My Insurer, my workshop and the General Insurance Association of Singapore ("GIAS") may be permitted to collect, use, disclose and/or process my personal data (personal information set out in this form) and any other genuine information provided by me or generated by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers (including the "Insurers") who have insured vehicles involved in this accident (all insurers) (who have insured vehicles) involved in this accident shall be collectively referred to as the "Insurers". The Insurers' Insurers/Law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes of:
    - (ii) processing, handling and/or dealing with any claims involving the settlement of the claims and any relevant investigations relating to the claims;
    - (iii) investigating the accident and/or the circumstances of the accident; and
    - (iv) for any other purpose relating to the processing of the claims.
  - (b) I understand that the Insurers may be 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 be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including their Insurers/Law firms), which may be used 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
  - (f) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulations, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (g) 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's Signature  
 Name:  
 NRIC/IN No.:

### Accident Sketch Plan

**SKETCH PLAN**

A - BUS STOP  
B - DISTANCE

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 11/11/2019 I was travelling along the road before bus stop - 42701  
and another car was driving vehicle B was driving - My vehicle  
was behind and the road was down slope. In a result, my vehicle  
stopped and my vehicle B came from behind.

**DECLARATION**  
I/We declare the foregoing particulars are true in every respect.  
Tafelberg Electrical Plumbing Services

**Policyholder's Signature**  
Date & Time:

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

**Reporting Centre Person's Signature**  
Name:  
NIC/ID No.:



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

