

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	10/01/2018 13:59
Date Of Accident	09/01/2018 16:30
Exact Location Of Accident	1 BUROH CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1625E
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Insured/Policyholder

Name Of Registered Owner	KIM SOON LEE (LIM) HEAVY TRANSPORT PTE LTD
Co Reg No	198200457D
Email Address	GWENKIMSOONLEE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67412222

Vehicle Particulars

Manufacturer	HINO
Model	HINO SH1EEMA-KAS

Exact Purpose for which vehicle was being used at time of accident	WORK
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Are you claiming under your own insurance policy for repair to your vehicle?	YES
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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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	MOMCV000002040-01-000
Cover Note Number	

Driver

Name of Driver	ISMAIL BIN MATWAN
NRIC No	S6822697Z
Date Of Birth	02/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92970849
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 702 BEDOK RESERVOIR ROAD #08-3534
Postcode	470702
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	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

I WAS TRYING TO DRIVE UP TOWARDS LEVEL 6 OF 1 BUROH CRESCENT BUILDING. AT LEVEL 5 OF THE TRAMP, AFTER I GAVE WAY TO A VEHICLE COMING DOWN FROM LEVEL 6, MY VEHICLE SKIDDED WHEN I PROCEEDED TO MOVE ON AS THE FLOOR WAS WET, HIT ONTO THE PILLAR AT THE LEFT SIDE. THERE WAS A DRAINAGE WITH METAL COVER ON THE FLOOR WHICH WAS WET AND MAY BE THE REASON CAUSING MY FRONT TYRE TO SKID WHEN I TURNED MY VEHICLE TO DRIVE UP. MY VEHICLE CANNOT BE DRIVEN AND WAS TOWED TO MY COMPANY COMPOUND CURRENTLY.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PILLAR OF LEVEL 5 1 BUROH CRESCENT
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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:

10/1/18 1050 hrs




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

10/1/18 1050 hrs


Reporting Centre Personnel's Signature
Name: Cassandra
NRIC/FIN No.: 6329391W



Accident Sketch Plan

SKETCH PLAN

DOA: 9-1-2018
A: XE1625E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was trying to drive up towards Level 6 of 7 Buruh Crescent Building.

At Level 5 of the ramp, after I gave way to a vehicle coming down from Level 6, my vehicle skidded when I proceeded to move on as the floor was wet, hit onto the pillar at the left side. There was a drainage with metal cover on the floor which was wet and may be the reason causing my front tyre to skid when I turned my vehicle to drive up.

My vehicle cannot be driven and was towed to my company compound currently.

DECLARATION

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

[Signature]



[Signature]

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Cassandra
NRIC/FIN No.: G327939114



Identification Card



Driving Licence



Scene Photo



Scene Photo



Scene Photo



Scene Photo



Scene Photo



Scene Photo

