

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 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	19/01/2018 16:08
Date Of Accident	18/01/2018 14:30
Exact Location Of Accident	JOO KOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL6813Y
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Insured/Policyholder

Name Of Registered Owner	SAM LAIN EQUIPMENT SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92273182

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR69
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5064929965-03
Cover Note Number	

Driver

Name of Driver	VEERAMUTHU VELLAICHAMY
NRIC No	G7256291M
Date Of Birth	30/12/1978
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91634355
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	25 WOODLANDS INDUSTRIAL PARK E2
Postcode	757459
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	
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

ON THE ABOVE MENTION DATE AND TIME. I WAS AT JOO KOON ROAD. I WANT TO GO STRAIGHT INTO THE LANDSCAPE FACTORY. THERE IS A VEHICLE B WHICH WAS REVERSING, I STOP AND HORN AT HIM. BUT HE CONTINUE TO REVERSE AND HIT ONTO MY VEHICLE FRONT PORTION. DURING TIME OF ACCIDENT I WAS GOING BACK TO OFFICE.

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	YP3886K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AH YO
NRIC/Passport Number	
Contact Number	96571715 / 64837530
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

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

[Signature]
Reporting Centre Personnel's Signature
Name: *Esther Lim*
NRIC/FIN No.: *S87A3233*

SKETCH PLAN

300 Kuan Road.

veh A = TL 5813Y

veh B = TP 3886K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the ABOVE mention DATE & time. I was at 300 Kuan Road I want to go straight into the Landscape Factory. There is a vehicle 'B' which was Reversing, I stop & and turn get him. But he continue to Reverse and hit onto my vehicle front portion.

* During time of Accident, I was going BACK to office.

DECLARATION

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



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

友成汽車服務私人有限公司
XS Automobile Services Pte Ltd
38 Woodlands Industrial Park East 1
#01-17 Admiralty Industrial Park
Singapore 757700
Tel: 6219 2095 (3lines) Fax: 6219 2096
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.: S8712325B, 2



THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5064929965-03
The Policyholder	: SAM LAIN EQUIPMENT SERVICES PTE LTD 25 WOODLANDS INDUSTRIAL PARK E2 SINGAPORE 757459
Period of Insurance	: 22 Apr 2017 To 21 Apr 2018
Sum Insured	: N/A
Premium (inclusive GST)	: S\$1,166.30
Interest Insured	
Cover Type	: Third Party
Make/Model	: ISUZU/NHR 69EU3ES
Capacity	: 2.07 ton(s)
Registration Number	: YL6813Y
Chassis Number	: JAANHR69E47100135
Excess (Section 1)	: N/A
Excess (Section 2)	: N/A
Hire Purchase Company	: N/A
Number of Seater	: 2
Registration Date	: 22 Apr 2004
Insure with COE	: N/A
NCD Entitlement	: 0%
Loyalty Discount	: 5%

Memo A : NCD is not applicable

Endorsement Operative : M1

Agency	: TIMES INS BROKERS (MOTOR BUSINESS) (00000690643)
Date of Issue	: 10 Mar 2017 13:02 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



