

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	12/02/2018 19:11
Date Of Accident	09/02/2018 07:40
Exact Location Of Accident	ALONG OUTRAM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC790Y
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Insured/Policyholder

Name Of Registered Owner	SUPERLAND PRE-SCHOOL (OUTRAM) PTE. LTD.
Co Reg No	201435929H
Email Address	SUPERLAND@PACIFIC.NET.SG
Mobile Phone No	(LOCAL) +65-92250985
Alternative Phone No	OFFICE-62785886

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER BUS
Exact Purpose for which vehicle was being used at time of accident	SENDING PRE-SCHOOL PUPILS
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071350890-02
Cover Note Number	

Driver

Name of Driver	TAN SAY YONG
NRIC No	S1121408H
Date Of Birth	16/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1977
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92250985
Fax Number	
Contact Number	OFFICE-62785886
Email Address	SUPERLAND@PACIFIC.NET.SG

Address	BLK 102 SERANGOON NORTH AVENUE 1 #03-793
Postcode	1955
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
Number of vehicles involved in the accident	
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)	11

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

PLEASE REFER TO SKETCH PLAN

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	SLK2876B
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR BUI MICHAEL
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

X



Policyholder's Signature
Date & Time:

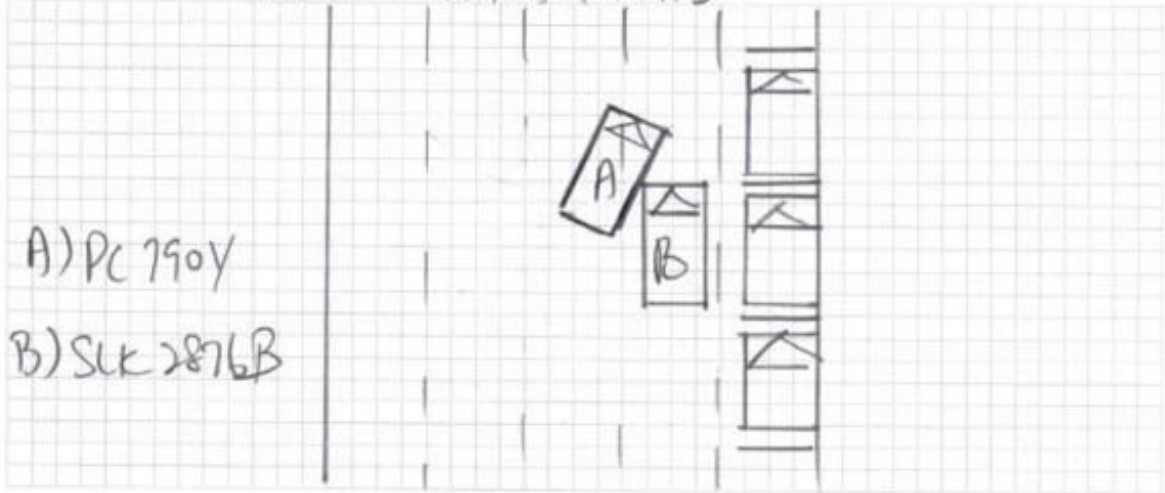
Driver's Signature
(If driver is not the policyholder)
Date & Time: 120218
1040 AM.

Reporting Centre Personnel's Signature
Name: 12/02/2018
NRIC/FIN No.: 2001 120218

Accident Sketch Plan

SKETCH PLAN

ALONG OUTRAM ROAD -



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 090218, 0740 AM ON OUTRAM ROAD TOWARDS TIONG BAHRU ROAD, MY BUS WAS ON THE THIRD LANE, PART OF THE FRONT ON SECOND LANE, I signalled my intention TO FILTER RIGHT TO TIONG BAHRU ROAD EVEN MY HAND WAS USED TO SLOW DOWN THE VEHICLE FOR MY INTENTION OF FILTERING. THIS PRIVATE HIRED VEHICLE KNOCKED INTO THE BUS RIGHT AT SIDE DOOR. SLIGHT DENTO WERE NOTED.

NOTE: THE BUS DID A STOP AT THE LANE BECAUSE THE LIGHT WAS RED. FROM THE RIGHT I SAW THE VEHICLE DID SEE ME KNOCKED INTO THE BUS. & STAY.

DECLARATION

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

X

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 120218

1040 AM

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

12/02/2018

Reported by: [Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS-MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA440021690 Vehicle Registration No : PC 790 Y.
Name (as shown in NRIC) : TAN SBY YANH NRIC/FIN/Passport No : S1121408H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 92250585

Email Address : _____

Date of Accident : 09/01/2018 Time of Accident : 07:40

Place of Accident : Along our room Room

Insurance Company : MMU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① ADD more STAFF MEMBER



Policyholder / Driver's Signature
Date: 130218

Reporting Centre Personnel's Signature
Name: Kohli yuthana
NRIC/FIN No.: 13/02/2018
Date: