

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	18/12/2017 00:20
Date Of Accident	17/12/2017 12:15
Exact Location Of Accident	YISHUN AVE 7 BEFORE YISHUN AVE 2 LANE 2 & 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XD8801Y
Insured/Policyholder	
Name Of Registered Owner	SEMBWASTE PTE LTD
Co Reg No	199507280G
Email Address	MOHAMAD.ALIF@SEMBCORP.COM
Mobile Phone No	(LOCAL) +65-98518869
Alternative Phone No	OFFICE-98518869
Vehicle Particulars	
Manufacturer	VOLVO
Model	OTHERS
Exact Purpose for which vehicle was being used at time of accident	WORK
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	YES
Policy Number	5088412823-01
Cover Note Number	
Driver	
Name of Driver	ONG CHEE HUAT
NRIC No	S1510801J
Date Of Birth	12/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	17/04/1984
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98518869
Fax Number	
Contact Number	
Email Address	MOHAMAD.ALIF@SEMBCORP.COM

Address	BLK 628 YISHUN STREET 61 #07-125
Postcode	760628
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 - CHANGE/CROSS LANE
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL BE SUBMITTING TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8973D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	JAAFAR BIN IDRIS
NRIC/Passport Number	S0443668G
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.



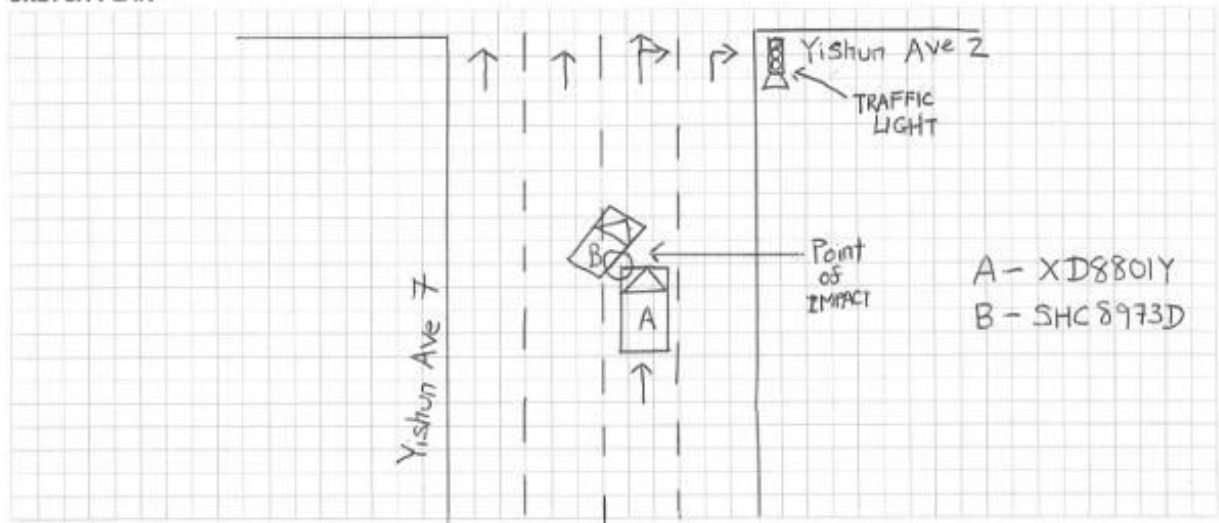
Policyholder's Signature
Date & Time: 17/12/17
1540HRS

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/12/17
1540HRS

Reporting Centre Personnel's Signature
Name: VINCENT
NRIC/FIN No.: S991138

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/12/2017 at around 1215HRS, I (XD8801Y) was travelling along lane 2 from Yishun Ave 7 towards Yishun Ave 2. I was travelling straight at the moment. Suddenly I felt an impact from my front left corner & I notice that the taxi (SHC8973D) from lane 3 changing into lane 2 collided with me. Due to blindspot of my vehicle, I am unable to see the taxi (SHC8973D) changing lane. I have in car video footage at that point of accident. The taxi (SHC8973D) damage was on Rear Right corner.

DECLARATION

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

Policyholder's Signature
Date & Time: 17/12/17
1540HRS

GUARAC SketchPlanForm_V2

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/12/17
1540HRS

Reporting Centre Personnel's Signature
Name: VINCENT
NRIC/FIN No.: S991138

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

