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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/03/2018 18:32
Date Of Accident	29/03/2018 12:25
Exact Location Of Accident	PAYA LEBAR RD TWDS GUILLEMARD RD AFTER SHELL STN
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH91X
Insured/Policyholder	
Name Of Registered Owner	DELSEC LOGISTICS PTE LTD
Co Reg No	201720731R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93888663
Alternative Phone No	OFFICE-93888663
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE 2.5 A
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097708789
Cover Note Number	
Driver	
Name of Driver	DENNIEDICT VAD CUO MINO

Name of Driver BENNEDICT YAP GUO MING

NRIC No S9623197J
Date Of Birth 05/07/1996
Occupation OUTDOOR
Date Of Driving Pass 30/03/2015

Driving Experience 2 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91123232

Fax Number

Contact Number OFFICE-91123232

EMail Address NOEMAIL

BLK 754 JURONG WEST STREET 74 Address

#02-38

Postcode 640754

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

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?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

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 NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

YN8849X Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

1

YEE KOK CHANG Name of Driver

NRIC/Passport Number

Contact Number 90388113

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- The 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.
- By the lodgment 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 the purpose(s).
 - 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:
 - 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.

Policy Section 1 de la comité d

Co. Reg. No. 201720731R

Mobile +65 8318 1128

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN GUILLEMAND RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

L	WAS DRIVING STRAIGHT AMEAD, ON THE EXTREME RIGHT LAN
Tow	ANDS CHILLEMAND ROAD DIRECTION.
As	DUE TO HEAVY TRAFFIC I COMPLETED MY CHRISING OF LANG
Filo	m LANE 2 TO LANE I WITH MY VEHICLE SLIGHTLY SLANT
DNC	STATIONARD STOPPED BEHIND B STATIONARD STOPPED WILLIEUT.
I'n	COMPLETELS IN THIS LAND.
5.4	DOENLY I NOTICE A VEHICLE TENING TO SENTEZE THROUG FROM
TH	E RIGHT 5.02 OF MY WHICLE AS I'M BUREADY VERY
	OR TO THE UBHICLE INFRONT AND WHICH I COULDN'T SHIFT MY
VE	wich anymore, and the next him seconds I fill a
Di	equality impact from the event sing of my various.
50	I AUGHTRO FROM MY VAMICUR BND REALIZED A VEHICUL
Bi	GARNA (IN TT47 X) HAD COLLIDED TO THE RIGHT SIDE
04	MY VALLE WHILE I WAS STATIONARY STOPPED, AND HE TAKED
To	SQUEEZE INTO THE THENING EIGHT LAND ON MY RIGHT AND WHILL
HE	HITTED QUED THE PACHT SIDE OF MY VEHICLE.
UN	MICHA A - GOH 91X
Win	11 CLE B - YN 7849 X

ticulars are true in every respect

Email delseclogistics@gmail.com 0 201720731R

Mobile +65 5318 1 (If driver is not the policyholder)
Date & Time:

Reporting Contre Personnel's Signature

Name: NRIC/FIN No :















