

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	13/06/2017 09:37
Date Of Accident	11/06/2017 18:05
Exact Location Of Accident	TECK WHYE LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB339J
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292S
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	MAN
Model	BUS
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	BUS

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087563MFBP
Cover Note Number	

Driver

Name of Driver	LAI KOON SIUNG
Passport No/FIN	G6898983W
Date Of Birth	25/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2015
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address
Postcode
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- OPPOSITE DIRECTION
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) 7

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

REFER TO GIA.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera? YES
Remarks/ Reasons: PENDING FOR UPLOADING
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN8979H
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

IMPORTANT NOTICE

SKETCH PLAN

10/17/2012

1. Please report exactly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
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4. The date 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 statement may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the G.A. Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and may be made available upon application by interested parties.
7. By the lodgement of the 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 if needed.
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 have permitted to collect, use, disclose and/or process my personal data for the purpose of the "Personal Information" and disclose and transfer such Personal Information to any or more persons (collectively the "Insurers") involved in the accident (all insurers) who have insured vehicle(s) involved in the accident (all insurers) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers", the Insurers (lawyer/firm), the Insurers (lawyer/firm), the Insurers (lawyer/firm) 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 making of correspondence, statements, records 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 environmental packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurers(s) who have insured vehicle(s) involved in this accident and the Insurers (lawyer/firm), may have 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/firm), which may be called outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time: 12/17/12
 Owner's Signature if driver is not the policyholder / Date & Time: 12/17/12
 Witnessed by Reporting Centre Personnel: 1439 hrs

Sketch Plan



Describe Circumstances of the Accident

While travelling along the above lane both vehicles conducted a 1st negotiation during the bend. No injury that is all.

Declaration

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



Polyholder's Signature / Date & Time

X
12/6/17

Driver's Signature (if driver is not the policyholder) / Date & Time

12/6/17

Witnessed by Reporting Centre

12/6/17