

## 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	10/05/2018 12:42
Date Of Accident	09/05/2018 16:00
Exact Location Of Accident	JUNCTION OF COMMONWEALTH AVE WEST/CLEMENTI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL4597J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POH AIK HAI KEE
Co Reg No	38715100A
Email Address	ALEXQUEKBS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97721567
Alternative Phone No	OFFICE-97721567

### Vehicle Particulars

Manufacturer	ISUZU
Model	NPR71LU5GY
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5044848432-07
Cover Note Number	

### Driver

Name of Driver	QUEK BAN SENG
NRIC No	S1761260C
Date Of Birth	27/06/1966
Occupation	INDOOR
Date Of Driving Pass	20/04/1985
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97721567
Fax Number	
Contact Number	OTHERS-97721567
EEmail Address	ALEXQUEKBS@GMAIL.COM

Address	BLK 138 HILLVIEW AVENUE #07-07
Postcode	669599
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	2
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

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	XD3439T
Vehicle Make/Model/Colour	FUSO LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DURAIRAJ KRISHNASAMY
NRIC/Passport Number	033762305
Contact Number	83045211
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

## SKETCH PLAN

### 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 liability**.
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. 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.
7. 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)**

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.

**POH AIK HAI KEI**

Beer & Beverage Distributor

Blk 23, Depot Lane

#01-01, Warehouse

Singapore 109753

Tel: 6224 1629

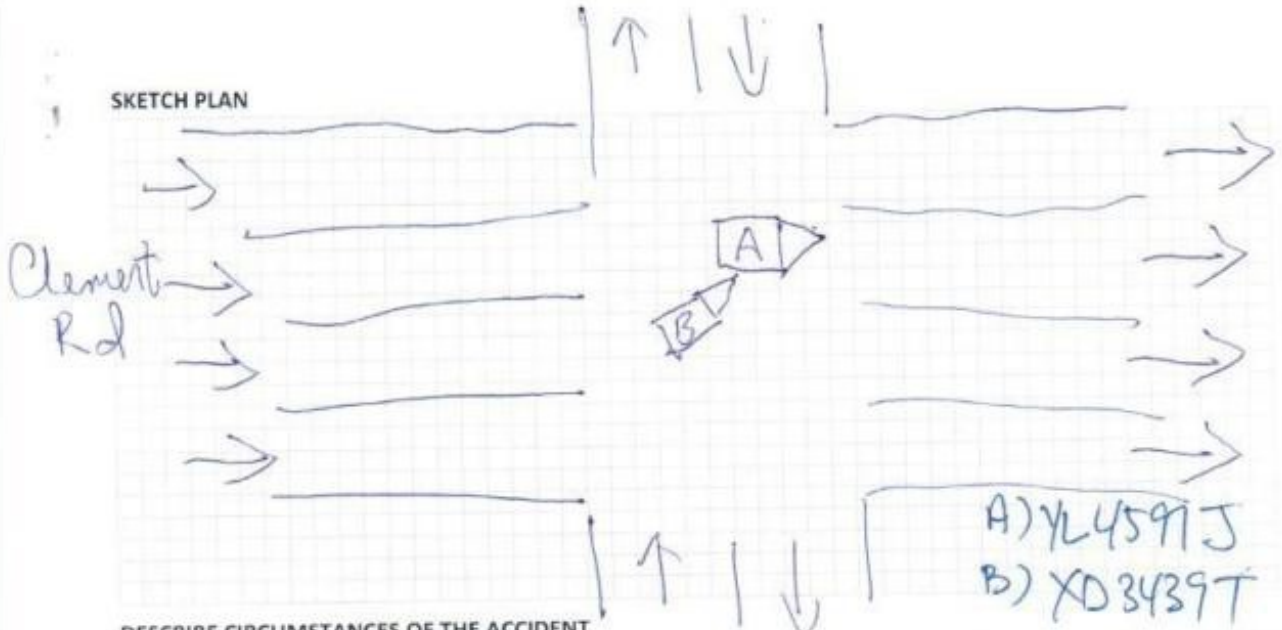
HP: 9727 3948 / 9772 1567

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling at Clement Rd at 2nd lane. The vehicle XD 3439T from 3rd lane hit my vehicle YL4597J. He was swifiting from 3rd lane to 2nd lane. My vehicle was slightly scratched.

POH AIK HAI KEE

DECLARATION

I have declare the foregoing particulars are true in every respect.

Beer & Beverage  
Bik 23, Depot Lane  
#01-06, Central Warehouse  
Singapore 100062  
Tel: 62841629  
HP: 9727 3948 / 9772 1567

10/5/18

10.40am

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

14/05/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



Accident Photo

