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

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	ACCIDENT STATEMENT
Date Of Report	04/06/2018 13:57
Date Of Accident	03/06/2018 13:45
Exact Location Of Accident	11 LAGUNA GOLF GREEN CONSTRUCTION SITE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF1764S
Insured/Policyholder	
Name Of Registered Owner	SAMSUNG C & T CORPORTION
Co Reg No	S90FC4239C
Email Address	YSH.044@SAMSUNG.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63207293
Vehicle Particulars	
Manufacturer	NISSAN
Model	NAVARA
Exact Purpose for which vehicle was being used at time of accident	t .
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	5082568960-01

Cover Note Number

Driver

Name of Driver MUN BYOUNG HYOUN

NRIC No G3304817W

Date Of Birth 25/10/1986

Occupation OUTDOOR

Date Of Driving Pass 04/04/2017

Driving Experience 1 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98284873

Fax Number

Contact Number

EMail 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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

-

NO

NO

2

NO

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : KIM JUNG HYUN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

KTC TIPPER TRUCK (XD6628U) WAS AT WASHING BAY TO WASH TYRES BEFORE EXITING ZONE 2. MY VEHICLE (GBF1764S) WAS WAITING BEHIND FOR MY TURN TO WASH MY TYRES. SUDDENLY, (XD6628U) REVERSE HIS VEHICLE AND HIT ONTO THE FRONT OF MY VEHICLE.

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 Witness 1

Name BISWAS RIPON KUMAR

Phone Number 81922386

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD6628U

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category COMMERCIAL VEHICLE

Name of Driver SUNDHARMOORTHY SURESH

NRIC/Passport Number

Contact Number 93963942

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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:

- 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)
 - 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
- 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.
- 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:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .

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SKETCH PLAN		
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	GRE 1	7645
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DESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT	
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Day -	to wash three hature	exiting 2 one 2. My
Vehi	to wash three before ul (GBF 17645)	was waiting telind
to do	r my turn to which	my times, Suddenly
XD.	GG JAII VOVENCE	his vehicle and how
ont	o the front of m	en Naharla
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and the first of t		
- Parties of Charles and Charl		
	- A ST districts are sense as the state of the district common programs. A state of the state of	
	-	
College Colleg		
DECLARATION I/We declare the foregoing par	ficula)s are true in every respect.	
The state of the s	remarks are true in every respect.	
Man	ls/h	
Policyholder gnature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 4/6/2018	(If driver is not the policyholder) Date & Time:	Name:
The state of the s	acc contains.	NRIC/FIN No.:

Driving License

YOU ARE LICENSED TO DAIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3

Major care with unladen weight =< 3000kg with a> 7 04 Apr 2017 valides with unladen weight =< 2500kg

NF 428A

Licence No:G3S04817W

VISIT PASS Immigration Regulations Apart MUN SYGUNG HYOUR LOID Of Eith Coc Emitted By 25-10-1985 M KUREAN, SOUTH FIX COLO Of East of Sapky E3304B17W 10-01-2017 19-01-2019 MULTIPLE JOLINARY VIRA 188UED YOU ARE TO SUMMENDED THE SAID WHEN IT IS GAVEELED ON HAS ENTIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.







Certificate of Insurance

59		
MOTOR VEHICLES (THIRD PARTY RISKS	S AND COMPENSATIO	N) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS	S AND COMPENSATIO	N) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAY	SIA}	
MOTOR VEHICLES (THIRD PARTY RISK)	s) RULES, 1959 (MALA	YSIA]
Certificate Number: 5082568960-01		Cover : Comprehensive
1. Index mark and Registration Numb	per of Vehicle	: GBF1764S
Chassis Number		; MNTCB4D23Z0000086
Name of Policyholder		: SAMSUNG C & T CORPORATION
3. Effective Date of Insurance		: 27 Jul 2017
4. Expiry Date of Insurance		: 26 Jul 2018
Persons or Classes of Persons entit	tfed to drive#	
(a) The Policyholder.		
		's order or with his/her permission.
		ordance with the licensing or other laws or regulations to drive
		not disqualified by order of a Court of Law or by reason of any
enactment or regulation in the	at behalf from driving	the Motor Vehicle,
5. Limitations as to Use#	0-A10-110-110-110-110-110-110-110-110-1	
		In connection with the Policyholder's business or profession.
	gers or goods in coan	ection with the Policyholder's business.
This Policy does not cover		
(a) Use for hire or reward.		
(b) Use for racing, pace-making, r		
(c) Use whilst drawing a trailer ex # Limitations rendered inoperat	cept the towing of an ive by Section 8 of the	y one disabled mechanically propelled vehicle. e Motor Vehicle (Third Party Risks and Compensation)
(c) Use whilst drawing a trailer ex # Limitations rendered inoperat	cept the towing of an ive by Section 8 of the	y one disabled mechanically propelled vehicle.
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Accident Photo







