

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 willful 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	01/06/2018 11:03
Date Of Accident	04/05/2018 12:50
Exact Location Of Accident	JUNCTION OF MARINA COASTAL DR / CENTRAL BOULEVARD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC121D
Insured/Policyholder	
Name Of Registered Owner	CHARIOT TRAVELS PTE LTD
Co Reg No	199802965G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90266857
Alternative Phone No	OFFICE-90266857
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 D GL HIGH-ROOF COMMUTER (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5047823017-07
Cover Note Number	THIRD PARTY, FIRE & THEFT
Driver	
Name of Driver	ABDUL AZIZ BIN BUJANG
NRIC No	S1200085E
Date Of Birth	01/09/1955
Occupation	INDOOR
Date Of Driving Pass	23/08/1983
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90266857
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 422 BEDOK NORTH ROAD #07-567
Postcode	460422
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	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	SHD4582U
Vehicle Make/Model/Colour	BLUE COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RAJARETNAM S/O THANGASAMY
NRIC/Passport Number	S0289140I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

Sketch Plan Pg. 1

INSURANCE MOTOR SERVICE CENTRE

Vehicle No: PC221D

Report Date & Start Time: 01/06/18 11:20

Report No: MT

D.O.A: 01/05/2018
Time: 12:50 hrs

Make/Model: TOYOTA HIACE

Reporting Type: RO

End Time: 12:50

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.



01/06/18 / 11:20

Policyholder's Signature / Date & Time

[Signature]

01/06/18 / 11:20

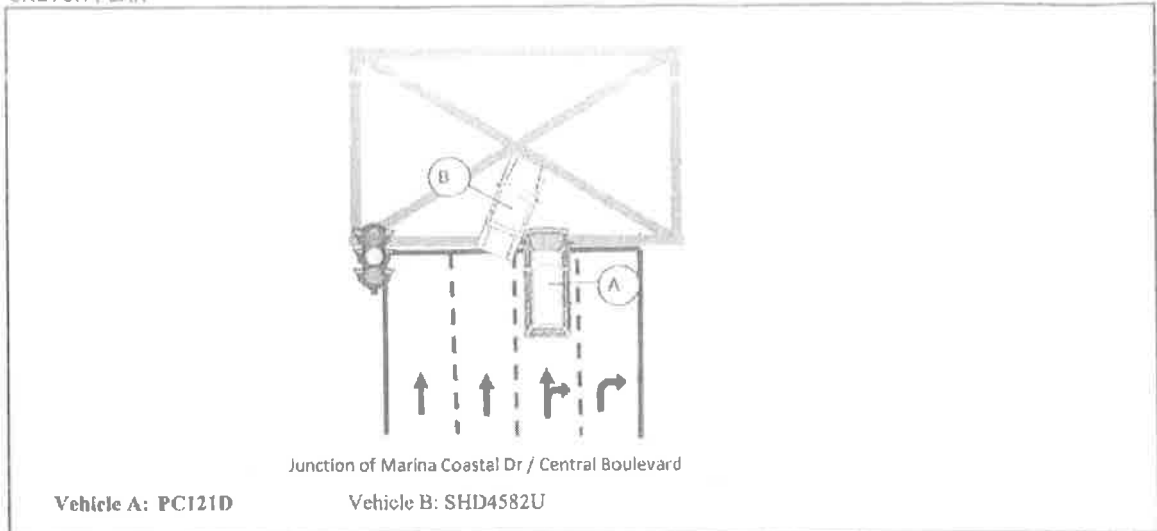
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Thomas Chen (S098890)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

No. Of Passenger (Including Driver) 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary at the junction as the Traffic Light was red. Upon the traffic light turned green, I moved my vehicle forward as I was going to Central Boulevard. Suddenly, Vehicle B on my left cut into my lane where his lane supposed to be going straight.

Declaration

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



6/1/2018 11:20

Policyholder's Signature / Date & Time

[Signature]

6/1/2018 11:20

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

[Signature]
 Thomas Chen (S098890)
 Customer Care Executive
 Motor Service Centre

Witnessed by Reporting Centre Personnel