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	19/06/2018 09:15
Date Of Accident	18/06/2018 00:40
Exact Location Of Accident	JUNCTION OF ORCHARD BOULEVARD AND PATERSON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC6629H
Insured/Policyholder	
Name Of Registered Owner	KSW SERVICES PTE LTD
Co Reg No	200210417K
Email Address	SALES@KSW.COM.SG
Mobile Phone No	(LOCAL) +65-93398055
Alternative Phone No	OFFICE-63920418
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5100952248
Cover Note Number	
Driver	
Name of Driver	AFIQ BUDIMAN BIN MD ISA
NRIC No	S8834317D

NRIC No S8834317D
Date Of Birth 16/09/1988
Occupation OUTDOOR
Date Of Driving Pass 17/09/2013

Driving Experience 4 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93398055

Fax Number

Contact Number OFFICE-63920418
EMail Address SALES@KSW.COM.SG

Address BLK 652B JURONG WEST STREET 61

#02-392

Postcode 642652

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.

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name ROCHER N.P.C

Police Station Address ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY:

SINGAPORE

1

Police Station Contact TEL NO: 1800-2949999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE STATEMENT

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 SHC5624G

Vehicle Make/Model/Colour RENAULT LATITUDE

Details Of Properties

Vehicle Category TAXI

Name of Driver LAM CHOON CHAI

NRIC/Passport Number S1216718J Contact Number 96834667

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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:

- 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)
 - (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
- 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.

KSW SERVICES PTE LTD KSW STORE 81 OWEN ROAD SINGAPORE 218897

> Policyholder's Signature Date & Time:

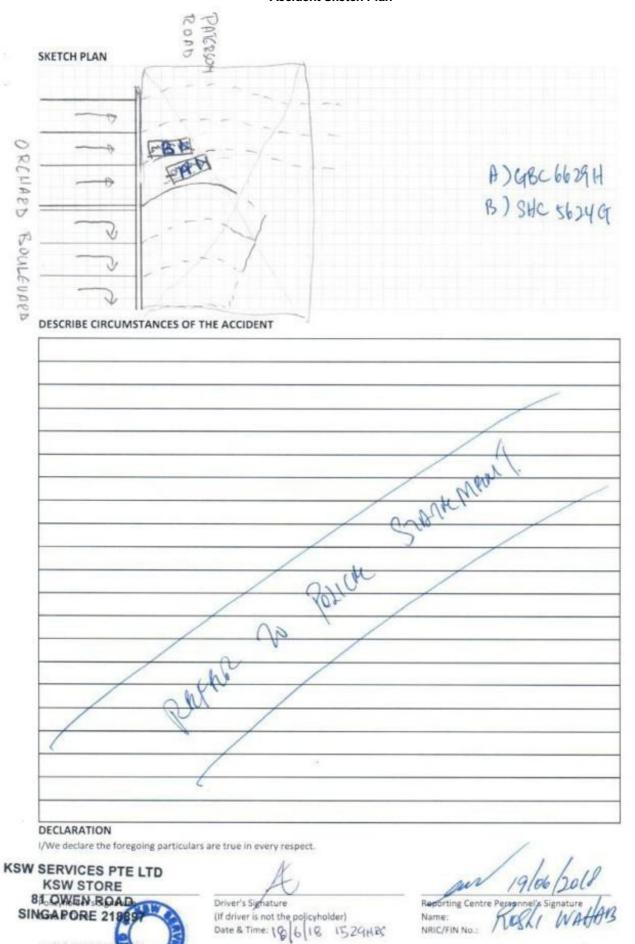
Driver's Signature

(If driver is not the p older)

Date & Time: 18 6 16 \$529HES ME Centre Personnel's Signature, N No.: KOLLI WALAS

NRIC/FIN No.:

Accident Sketch Plan



POLICE STATEMENT

Annex D

NOTICE OF REPORTING

This is to confirm that AFIQ BUDIMAN BIN MD ISA, S8834317D.

Has reported to the Police a non-injury traffic accident which

Occurred at Orchard Boulevard on 18/06/2018 at 0040hrs

Involving the following vehicles:

GBC6629H (Complt)

SHC5624G

Brief facts:

On 18/06/2018 at about 0040hrs, I was driving along Orchard Boulevard, I was at the 3rd left lane while another taxi vehicle (SHC5624G) was beside me on the 2nd lane. As the traffic was green and in my favor, I move my vehicle forward and that is when suddenly, the said taxi hit onto the left side of my vehicle. I managed to exchange particulars with the taxi driver. My vehicle had a minor dent on the left side of my vehicle and my bumper was broken as a result from this incident.

No Traffic Police were at scene and no one was injured.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: 55 (c) ()

Date: N/W/2014 Time: 0220WS S/D Ref: 04

Police Post/Unit: Rocher NPL

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police



















