

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	25/06/2018 12:18
Date Of Accident	23/06/2018 15:30
Exact Location Of Accident	CONSTRUCTION SITE (MARINA EAST DRIVE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3051Y
Insured/Policyholder	
Name Of Registered Owner	LEE WELDED MESH SINGAPORE PTE LTD
Co Reg No	199805422Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96378858

Vehicle Particulars

Manufacturer	SCANIA
Model	P360LA4X2MSZ
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?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000000050-02-002
Cover Note Number	01/01/18 - 31/12/18

Driver

Name of Driver	NG SEA HAI
NRIC No	S1159417D
Date Of Birth	25/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1982
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97672884
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 677 WOODLANDS AVE 6 #10-740
Postcode	730677
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	COLLIDED INTO PROPERTY
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?	NO
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

I need to reverse in order to exit the construction site. As I moved forward my vehicle hit onto the corner of the shelter damaging my vehicle including front windscreen.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH INSURED
Was there any audio recorded?	NO

Construction Site (Marina East Drive)

The diagram is a hand-drawn site plan on grid paper. It features three main elements: an excavator, a shelter, and a structure labeled XE3051Y. The excavator is represented by a rectangle with a triangular roof and the word 'Excavator' written vertically inside. The shelter is a simple rectangle labeled 'shelter' vertically. The structure XE3051Y is a rectangle with a triangular roof, with the label 'XE3051Y' written diagonally across its side. The excavator and shelter are positioned on the left side of the plan, while the XE3051Y structure is on the right. A vertical line separates the excavator and shelter from the XE3051Y structure.

Insurer: GA Veh No: XE3051Y DoA: 23/06/18 3-30pm

I need to reverse in order to exit the construction site. As I moved forward my vehicle hit onto the corner of the shelter damaging my vehicle including front windscreen.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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



(78) org 25/6/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

(/) Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop (_____)

SKETCH PLAN

VEHICLE NO.: XE3051Y
INSURER : GA
DATE & TIME: 23/6/18 3.30pm

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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.



Policyholder's Signature
Date & Time:

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

(YS) ong 25/6/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: