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

aforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/07/2018 10:06
Date Of Accident	13/07/2018 11:40
Exact Location Of Accident	SLIP RD FROM WOODLANDS AVE 9 INTO WOODLANDS AVE 4
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD3758H
Insured/Policyholder	
Name Of Registered Owner	BKL M&E PTE. LTD.
Co Reg No	201200887E
Email Address	JANET@BKL.COM.SG
Mobile Phone No	(LOCAL) +65-98381324
Alternative Phone No	OFFICE-98670415
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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?	YES
If No, Please state action to be taken	
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	5073556685-02
Cover Note Number	
Driver	

Name of Driver AZHAGAPPAN PERIYASAMY

Passport No/FIN G7178846L
Date Of Birth 12/04/1983
Occupation OUTDOOR
Date Of Driving Pass 27/03/2010

Driving Experience 8 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98381324

Fax Number

Contact Number OFFICE-98670415
EMail Address JANET@BKL.COM.SG

Address BLK 28 TOH GUAN RD EAST

#06-15

Postcode 608596

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

-

1

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 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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON THE 13/07/2018 AT ABOUT 11:40HRS I WAS DRIVING MY LORRY GBD3758H ALONG WOODLANDS AVENUE 9 AND WANTED TO TURN INTO WOODLANS AVENUE 4.AT THE SLIP ROAD I ACCIDENTTALLY HIT THE CAR INFRONT OF ME SKQ4263L WHICH MAKE A SUDDEN BRAKE AT THE SLIP ROAD.WE STOP AT THE ROAD SIDE AND EXCHANGE PARTICULARS THAT ALL.

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 SKQ4263L

Vehicle Make/Model/Colour TOYOTA HARRIER

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver WOO FOOK KUAN

NRIC/Passport Number S1432771A Contact Number 96233589

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

	12 = 3 = 1	
1) GBD 3758 H	FB	
7) 9000013011	(KA)	MEDOCONDS
f) GBD 3758 H s) SKQ 4263L		1 AVK 9
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DESCRIBE CIRCUMSTANCE		
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DECLARATION	ciculars are true in every respect.	

SKETCH PLAN

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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:

- (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 a
 - 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:
 - 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: 1417

Reporting Centre Po

NRIC/FIN No.































