

MYT218092292 / Yew Tee Automobile Tech Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 17/07/2018 15:02
 SUBMITTED BY: Ton Lei Ming

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	17/07/2018 15:02
Date Of Accident	16/07/2018 16:00
Exact Location Of Accident	ALONG SIGLAP RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3148Y
Insured/Policyholder	
Name Of Registered Owner	EXPRESS UNIQUE RIGHT CLEANING
Co Reg No	53120758K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96615159
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	WORK 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099742805
Cover Note Number	

Driver

Name of Driver	KWA CHEW PENG
NRIC No	S1342282F
Date Of Birth	17/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	05/10/1979
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96615159
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address APT BLK 8 KIM TIAN OLACE #20-51
 Postcode 163008
 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 COLLISION - CHANGE/CROSS LANE
 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

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 SBF7B
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. This report is for the use of the insured and is not to be used for any other purpose.
2. This report must be retained by the insured and the Reporting Centre.
3. Information should be kept confidential and secure at all times. Any other use of the information is at the insured's risk and is not covered by the insurance policy.
4. The use of the information by the insured is not an admission of liability on the part of the insured or the Reporting Centre.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the General Insurance Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the assignment 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.

B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) the insurer, its workshop and the General Insurance Association of Singapore ("GIAS") 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 persons who have insured vehicles involved in this accident (all insurers) who have caused or contributed to this accident shall be collectively referred to as the "Insurers", the insured, my insurer, the insurer's agents, officers, employees and any relevant independent agency/authorities such as the police, for the purposes 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) and forwarding my claim (including the making of correspondence, statements, inquiries, reports or notes by me, which could involve disclosure or transfer of personal data about me to third parties) delivery of the same as well as of 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 insurers who have insured vehicles 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/also be disclosed by any of the insurers and/or GIAS to their third party service providers or agents (including their insurers/law firms), which may be third parties 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 of claims 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 or facilitate investigating, settling or managing fraud, repetition, law enforcement and government agencies as reasonably required for the purposes aforesaid;
 - (ii) for complying with requirements under any legislation, law or court orders;

Signature of Insured
Date & Time:

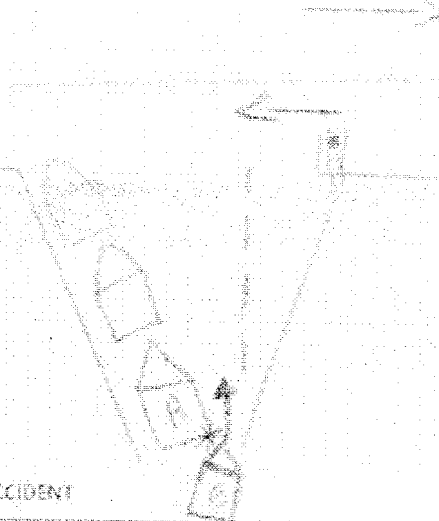
Signature of Insured
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:

Sketch Plan #2

SKETCH PLAN



Car A - GIBH 3148 Y

Car B - SBF 7 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Siglap Rd and I was stop when traffic light turn red. A few minute, I heard a sound come from ~~the~~ behind and then I go out to ~~the~~ check. My vehicle (GIBH 3148 Y) rear right side area get damage. the third party vehicle is SBF 7 B. The lady driver ~~tell~~ told me her husband, running on auto workshop, and recall me go there to repair my vehicle. but I refuse because this is a new vehicle and I issue ~~by~~ by my workshop.

EXPLANATION

I declare that the information provided is true to the best of my knowledge.

Signature of the Driver
Date & Time

Signature of the Driver
Date & Time

Signature of the Driver
Date & Time