#### 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.		
	ACCIDENT STATEMENT	
Date Of Report	16/08/2018 12:10	
Date Of Accident	16/08/2018 08:00	
Exact Location Of Accident	PURVIS ST AFTER JUNC BEACH RD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKM6379U	
Insured/Policyholder		
Name Of Registered Owner	KWIKWHEELS TRANSPORTATION SERVICES	
Co Reg No	53121632B	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-90622797	
Alternative Phone No	OFFICE-90622797	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	VELLFIRE 2.4Z G-EDITION CVT 2WD 5DR SR	
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	PRIVATE HIRE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5064789292-04	
Cover Note Number		
Driver		
Name of Driver	KI EINMAN GERARD IOSEPH	

Name of Driver KLEINMAN GERARD JOSEPH

NRIC No S1222591A

Date Of Birth 11/03/1956

Occupation OUTDOOR

Date Of Driving Pass 04/03/1974

Driving Experience 44 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90622797

Fax Number

Contact Number OFFICE-90622797

EMail Address NOEMAIL

Address BLK 758 YISHUN STREET 72

#12-448

NO

NO

Postcode 760758

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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?

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) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

#### REFER TO 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 SKF1339Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver CHOW FOONG

NRIC/Passport Number S7311783F

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

ivo. Of i asseriger (including briver)

Passenger 1 NAME:

GENDER: :

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#### **Accident Sketch Plan**

#### SKETCH PLAN

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- The 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.
- 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:

- (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 1.
  - 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.

KWIKWHEELS TRANSPORTATION SERVICES BLK 758 YISHUN ST 72 #12-448 S(760758)

+65 90622797 Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

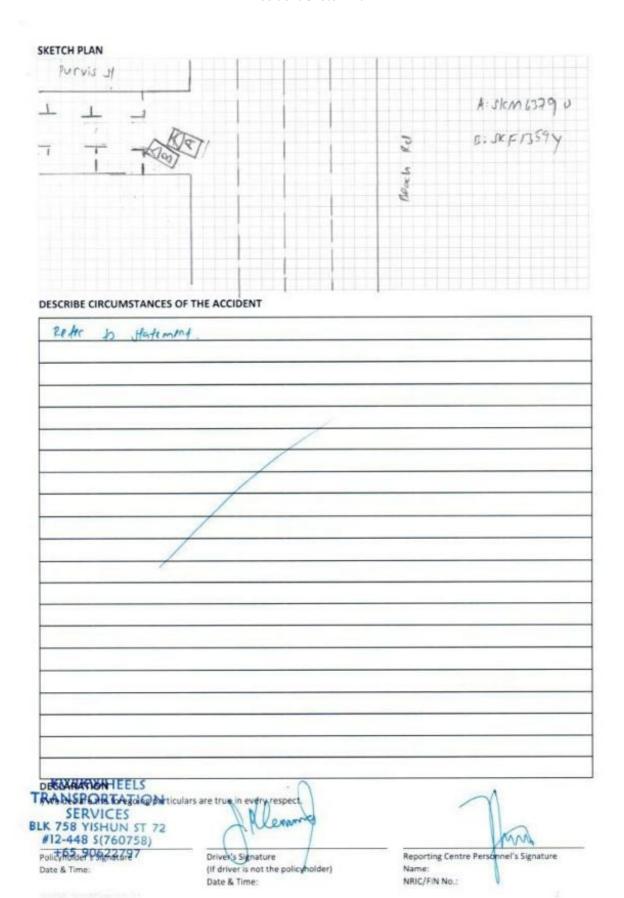
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

#### **Accident Sketch Plan**



### **Accident Sketch Plan**

ON STATED DATE AND TIME, I WAS MAKING A LEFT TURN FROM BEACH RD ONTO PURVIS ST. SUDDENLY VEHICLE B DASH OUT FROM ILLEGAR PARKING WITHOUT CHECKING HIS BINDSPOT. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

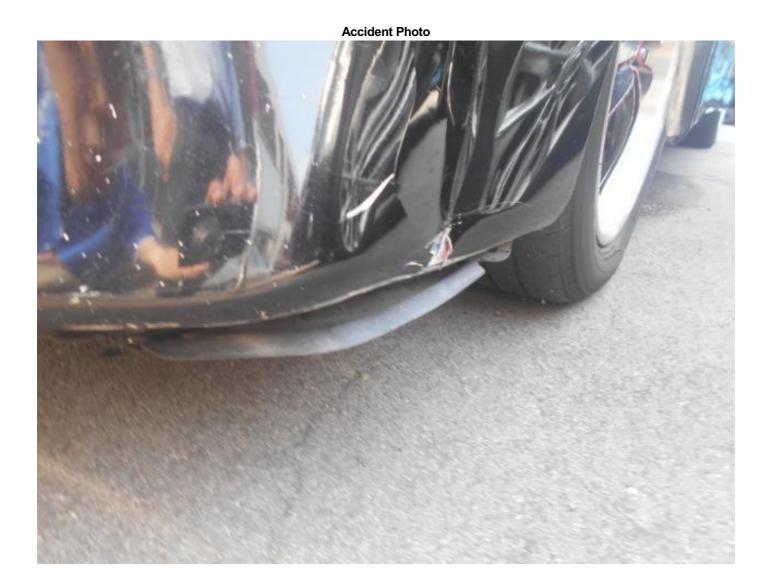


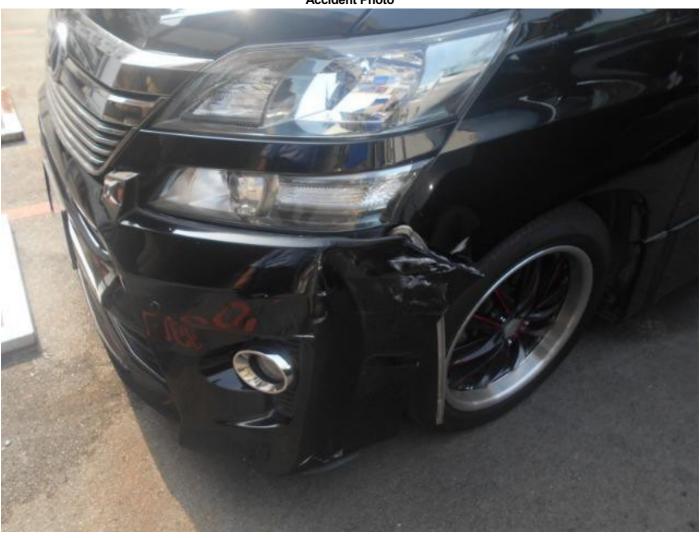






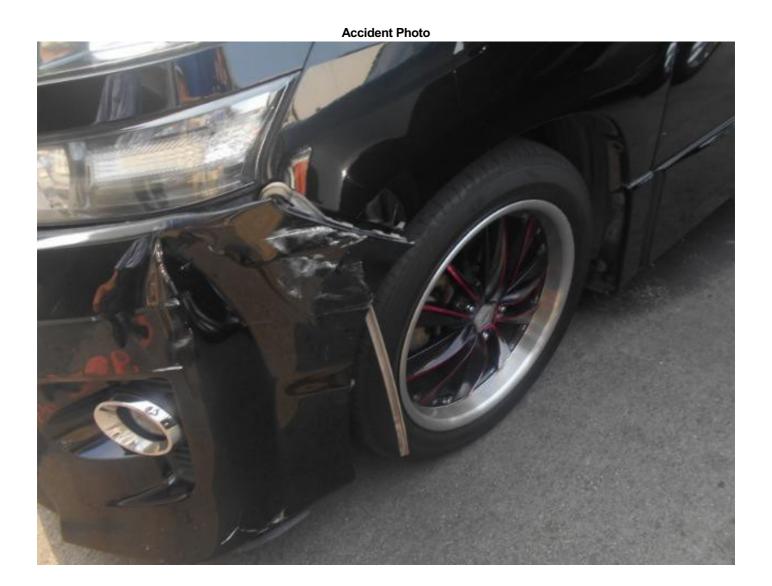
















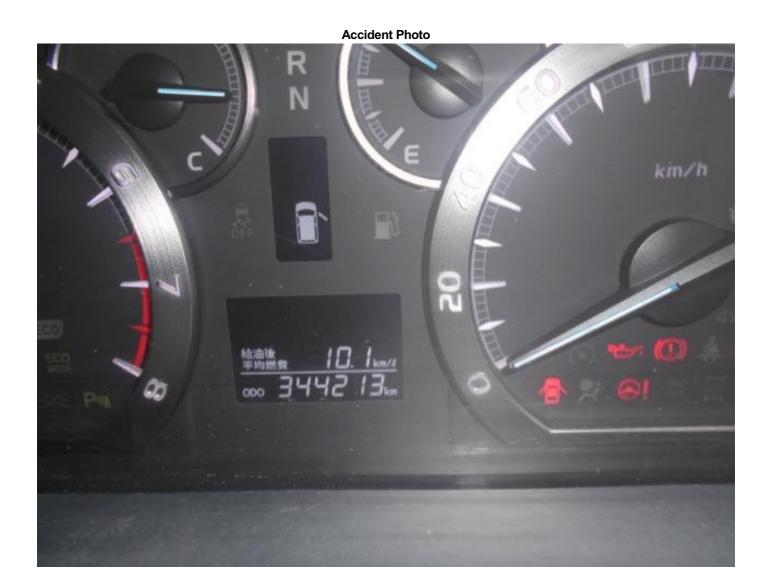












#### **Addendum Sheet**



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffies Quay #18-00 Singapore 049580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM	
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:	
	Original Report No : MNA18105957 Vehicle Registration No: JKM6379 V	
	Name(as shown in NRIC): Kleinman Gerar & Juse Ph NRIC/FIN/Passport No : 5/2025914	
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate	
	Address : Blk 758 yishun 4444 72 \$12-848 Singaporel 766718	
	Contact (Tel) :Mobile No.: 90633793	
	Email Address :	
	Date of Accident : 16   8   18 Time of Accident : 45 %	
	Place of Accident : Arris of effor maction beach Ld.	
	Insurance Company: NTVC	
	ADDITIONALINFORMATION / AMENDMENTS:	
	1. Attached fatement.	
	Policyholder / Driver's Signature Date:  Reporting Centre Personnel's Signature Name: NRIC/FINNo.: Date:	