#### 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

	ACCIDENT STATEMENT
Date Of Report	21/08/2018 15:32
Date Of Accident	21/08/2018 11:15
Exact Location Of Accident	IMBIAH ROAD TOWARDS IMBIAH LOOKOUT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	RU3720L
Insured/Policyholder	
Name Of Registered Owner	SENTOSA DEVELOPMENT CORPORATION
Co Reg No	T08GB0048K
Email Address	YEE_CHEE_KEEN@SENTOSA.COM.SG
Mobile Phone No	(LOCAL) +65-91853695
Alternative Phone No	OFFICE-91853695
Vehicle Particulars	
Manufacturer	VOLVO
Model	B7R
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5083736033-01
Cover Note Number	
Duitseau	

#### Driver

Name of Driver MURAD BIN JURAINY

NRIC No S1430065A

Date Of Birth 10/03/1960

Occupation OUTDOOR

Date Of Driving Pass 08/08/2005

Driving Experience 13 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91853695

Fax Number
Contact Number

EMail Address YEE CHEE KEEN@SENTOSA.COM.SG

APT BLK 219 JURONG EAST STREET 21 Address

#06-613

Postcode 600219

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

NO

YES

NO

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**General Information of the Accident** 

**COLLISION - HEAD TO REAR** Type Of Accident

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?

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 3 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 4 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 5 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 6 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 7 : UNKNOWN NAME:

> GENDER: : MALE

Passenger 8 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 9 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 10 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 11 NAME: : UNKNOWN

GENDER: : MALE

Passenger 12 NAME: : UNKNOWN

GENDER: : MALE

Passenger 13 NAME: : UNKNOWN

GENDER: : MALE

Passenger 14 NAME: : UNKNOWN

GENDER: : MALE

Passenger 15 NAME: : UNKNOWN

GENDER: : MALE

Passenger 16 NAME: : UNKNOWN

GENDER: : MALE

Passenger 17 NAME: : UNKNOWN

GENDER: : MALE

Passenger 18 NAME: : UNKNOWN

GENDER: : MALE

Passenger 19 NAME: : UNKNOWN

GENDER: : MALE

Passenger 20 NAME: : UNKNOWN

GENDER: : MALE

Passenger 21 NAME: : UNKNOWN

GENDER: : MALE

Passenger 22 NAME: : UNKNOWN

GENDER: : MALE

Passenger 23 NAME: : UNKNOWN

GENDER: : MALE

Passenger 24 NAME: : UNKNOWN

GENDER: : MALE

### **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**

#### REFER TO SKETCH PLAN

### 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 GBG1493T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

1

Name of Driver LIM KOON SENG

NRIC/Passport Number S1582661D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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- 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 (c) 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, (ii) for complying with requirements under any regulations, laws or court orders.

  Sentosa Development Corporation
  Sentosa regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

39 Artillery Avenue, Sentosa Singapore 099958 Tel: 6275 0388 Fax: 6274 7749 E-mail administrator@sentosa.com.sg

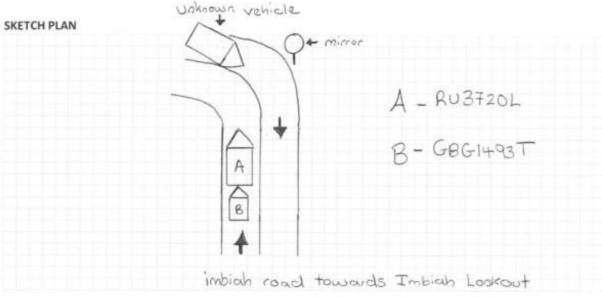
Policyholder's Signature Date & Time: 21/08/2018 1200hs

Driver's Signature (If driver is not the policyholder) Date & Time: 21/08/2018

Reporting Centre Personnel's Signature Name: Airwan De Souza NRIC/FIN No.: 5823411TH

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### Sketch Plan #2



#### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was travelling Straight along imbiah road & upon	reaching
the upslope lest bend, I stopped my vehicle in a	order
to give way to an unknown construction lorry w	ho was
travelling from the opposite direction due to the size	2 of the
road being very narrow. GBG1493T collided into me	y rear
after I Stopped my vehicle. No injuries reported. The a	bove mention
vehicle's diver and I exchanged particulars.	

### DECLARATION

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

21/08/2018 1200his

Sentosa Development Corporation
39 Artillery Avenue, Sentosa

Policing 55 8989908 6274 7749
Date & Time administrator@sentosa.com.sg
(If driver is not the policyholder)
Date & Time: 71/08 | 2018 1200hrs

Reporting Centre Personnel's Signature Name: Airwon De Soza NRIC/FIN No.: 58234717H













