SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

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	ACCIDENT STATEMENT			
Date Of Report	17/09/2018 11:54			
Date Of Accident	16/09/2018 09:10			
Exact Location Of Accident	ALONG ANG MO KIO AVE 6			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	XD5672Y			
Insured/Policyholder				
Name Of Registered Owner	800 SUPER WASTE MANAGEMENT PTE LTD			
Co Reg No	198601155H			
Email Address	SUPER800@SINGNET.COM.SG			
Mobile Phone No				
Alternative Phone No	OFFICE-63663800			
Vehicle Particulars				
Manufacturer	MAN			
Model	TGS 26.320 6X4 BB			
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	COMMERCIAL VEHICLE			
Insurance Company				
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	5078239849-02			
Cover Note Number	01/04/18 - 31/03/19			
Driver				
Name of Driver	ABDUL RASHID BIN AMAN			
Passport No/FIN	F8165374R			
Date Of Birth	09/10/1974			
Occupation	OUTDOOR			
Date Of Driving Pass	13/12/2016			
Driving Experience	1 YEAR AND 9 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-84952960			
Fax Number				
Contact Number				

NOEMAIL

C/O 17A SENOKO WAY Address

Postcode 758056 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 YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

NO

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

Traffic light turn from Red to Green. Just as I move off, I felt an impact on the front left of my truck. I came down and realised SJU5151K had hit onto my vehicle. While exchanging particular, 2 passer-by approached me & willing to be my witness. Witness (Mr Toh) told me he saw SJU5151K exited out from school.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

Details of Witness 1

Name **ANTHONY** Phone Number 93825500

Email Address

Details of Witness 2

Name MR TOH Phone Number 92952556

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

SJU5151K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver CHUA ANN CHUAN

NRIC/Passport Number S1315703J Contact Number 93889659

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO .: _x > 56.727

INSURER :

1619118 7-100m

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- 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.
- 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 .
 - (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: 17/9/18 4.5

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

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