

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 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 03/03/2017 18:05
Date Of Accident 02/03/2017 14:55
Exact Location Of Accident between Bukit Timah and Stevens Rd
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC9742T
Insured/Policyholder
Name Of Registered Owner NKH BUILDING SERVICES PTE LTD
Co Reg No -
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-91615033
Alternative Phone No Office-91615033

Vehicle Particulars

Manufacturer NISSAN
Model CABSTAR
Exact Purpose for which vehicle was being used at time of accident
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 QBE Insurance (Singapore) Pte Ltd
Type Of Coverage Comprehensive
Fleet Policy No
Policy Number 8-V0010038-MVA-R001
Cover Note Number

Driver

Name of Driver KASINATHAN VEERAMANI
Work Permit No G6509698L
Date Of Birth 27/06/1987
Occupation Outdoor
Date Of Driving Pass 06/11/2014
Driving Experience 2 Years And 3 Months
Gender Male
Mobile Number
Fax Number
Contact Number
EMail Address NOEMAIL

Address

Postcode

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 Side Swipe- Same Direction

Weather Conditions Clear

Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? 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) 3

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 ATTACHED REPORT.

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 GBF1502G

Vehicle Make/Model/Colour NISSAN

Details Of Properties

Name of Driver CHONG KIM LOY

NRIC/Passport Number S2759814E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name


Phone Number


Email Address


SKETCH PLAN

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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 based outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident


Supposed
only right
turn

I was traveling along bt timah Road turning into Steven Road my vehicle was in the 3rd lane while the other vehicle drove straight in the 2nd lane which is at fast speed, while I was turning his vehicle hit into my first right door

Declaration

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

 
Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel