

## 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	04/09/2018 11:31
Date Of Accident	04/09/2018 09:05
Exact Location Of Accident	TUAS SOUTH AVE 3 TWDS TUAS WEST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6458T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MICRONCLEAN SINGAPORE PTE LTD
Co Reg No	199602547W
Email Address	MELVIN@MICRONCLEAN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67582119

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB71ER4SDEC
Exact Purpose for which vehicle was being used at time of accident	GOING BACK OFFICE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5090702636-01
Cover Note Number	27/04/18 - 26/04/19

### Driver

Name of Driver	ANG CHEW SWAN
NRIC No	S0181238F
Date Of Birth	31/08/1954
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1979
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97892947
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 639 PASIR RIS DR 1 #13-544
Postcode	510639
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	RAINING
Road Surface	WET

#### 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.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : WORKER GENDER: : MALE
Passenger 2	NAME: : WORKER GENDER: : MALE

#### 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 ATTACH.

#### 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	XD1714L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG WEI
NRIC/Passport Number	G7870445X
Contact Number	94594704
Address	BOSS : 91099519 CO.: GREENWAY ENVIRONMENTAL WASTE MGMT P/L
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: YP 645BT  
INSURER : NTUC  
DATE & TIME: 04/9/18 @ 09:05am

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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 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.

ACRONCLEAN SINGAPORE PTE LTD  
35 SENOKO WAY, WOODLANDS EAST,  
SINGAPORE 758051  
TEL: 67582119 FAX: 67532978

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: (YS)  
NRIC/FIN No.:

### Sketch Plan #2

### SKETCH PLAN

SKETCH PLAN

Tuas West Rd

Tuas Pioneer Rd

A = YP6438T  
B = XD1714L  
Wang Wei  
G7870445X  
HP-94391704  
Boss - 91099519  
Co. = Greenway  
Environmental Waste  
Mgmt Pte Ltd

A

B

↑ ↑ →

↓

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Tuas South Ave 3

As traffic was red in our direction, my vehicle was stationary. Out of sudden, I felt an impact at my right. I then realised vehicle B had collided onto the right portion of my vehicle. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

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

**ACRONCLEAN SINGAPORE PTE LTD**  
55 SENOKO WAY, WOODLANDS EAST,  
SINGAPORE 758051

TEL: 67582119 FAX: 67532978  
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: (YS)  
NRIC/FIN No.:

G:\BMC SketchPlanForm\_V3- ( ) Claim Own Policy ( ) Claim Third Party (X) Reporting Only  
( ) Claim OD/TP at other workshop ( )

Accident Photo



**Accident Photo**



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





SCENE



SCENE



SCENE

