### 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	04/10/2018 14:33
Date Of Accident	13/09/2018 15:15
Exact Location Of Accident	TUAS AMENITY CENTRE AT 71 PIONEER ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA7809J
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	LIMCW@BBR.COM.SG
Mobile Phone No	(LOCAL) +65-85521481
Alternative Phone No	OFFICE-65462280
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110159741700
Cover Note Number	
Driver	
Name of Driver	LETCHIMANAN A/L RAMASAMY
Passport No/FIN	F7697340R

Passport No/FIN F7697340R

Date Of Birth 03/10/1963

Occupation OUTDOOR

Date Of Driving Pass 06/05/1996

Driving Experience 22 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85521481

Fax Number

Contact Number OFFICE-65462280
EMail Address LIMCW@BBR.COM.SG

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

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Insurance Company of Driver's Own Vehicle

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**General Information of the Accident** 

Type Of Accident COLLIDED INTO PROPERTY

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

NO

NO

1

NO

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)

**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**

ON 13092018 AT ABOUT 15:15HRS I WAS AT TUAS AMENITY CENTRE AT NO. 71 PIONEER ROAD AND WANTED TO ENTER THE CARPARK GANTRY. AFFTER THE FRONT VEHICLE ENTER I FOLLOW & THOUGHT THAT THE BARRIER ALREADY WENT UP AND I ACCIDENTALLY STEP THE ACCELARATOR AND BANG ON THE BARRIER THAT ALL.

## Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded?

#### Sketch Plan

#### SKETCH PLAN

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  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 the purpose(s).
  - 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 Signatura Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signatur

NRIC/FIN No.:

## Sketch Plan #2

KETCH PLAN	THES AMERICA AT 21 PLONER PO	
c	PARK GBA 7809J	
ON 13/ CAMPA CAMPA ANCHORK I ALSO WHAT UP	TANCES OF THE ACCIDENT  TAOLS AT BROWN 15:15 HRS 7 WON TUDS AMENIE  AT THE PROMERLY ROBIN & WON THE PROPERTY PAYTHER TO  ADMINIST AFTER THE FEVENT VIETICUS FAYTHER,  FOLLOW 4" I THOUGHT THAT ITHE BERRINE BURKER  BUT MISTORIAN I OCCUMENTALY STRY MY ACCELORIA  M TO THE POPPLIER.	TY he elvi
DECLARATION  I/We declare the form  Policyholdar's Signal Date & Tymey 39	Driver's Signature (If driver is not the policyholder)  OY   Driver's Signature (If driver is not the policyholder)  Name:	o and

### Sketch Plan #3























