

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	03/10/2018 11:26
Date Of Accident	03/10/2018 08:00
Exact Location Of Accident	DUNEARN ROAD > UPPER BUKIT TIMAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2722U
Insured/Policyholder	
Name Of Registered Owner	PC TRANSPORT SERVICES
Co Reg No	53352066E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92700193
Alternative Phone No	OFFICE-92700193

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 M
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102039426
Cover Note Number	

Driver

Name of Driver	FOK PAK CHUEN
NRIC No	S1117226A
Date Of Birth	01/02/1955
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1977
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92700193
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 130 BEDOK RESERVOIR ROAD #02-1345
 Postcode 470130
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - SOLE-PROPIETOR
 Vehicle Registration Number of Driver's Own Vehicle -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
 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? 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) 2
 Passenger 1 NAME: : -
 GENDER: : FEMALE

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

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. WHILE IN THE MIDST OF TRAVELLING, VEHICLE B MAKE A LANE CHANGE AND THUS COLLIDED ONTO MY VEHICLE FRONT LEFT HAND SIDE. WHICH RESULTED TO SUSTAIN DAMAGED.

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 GBH4070E
 Vehicle Make/Model/Colour NISSAN NV350 PANEL VAN 2.5 5MT 5DR
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

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 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.

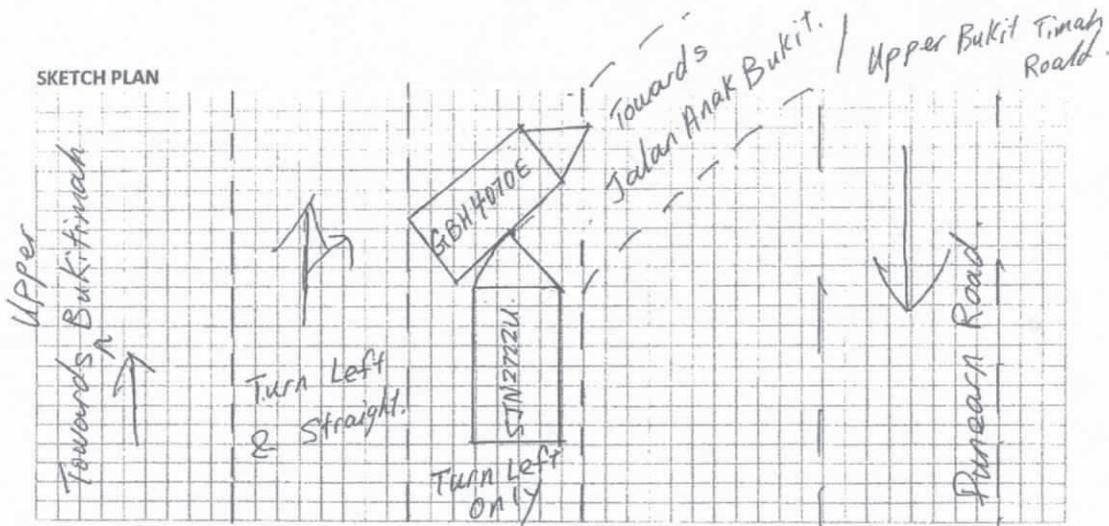
Policyholder's Signature
Date & Time:

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

3/10/18 1145am

IDAC KAKI BUKIT (VAC)

Reporting Centre: 23 Kaki Bukit Ave 4
Name: Singapore 415933
NRIC/TEL: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/10/18 about 0745 to 0800hrs, I was driving along Bukit Timah Road on the extreme right lane about to turn into Jalan Anak Bukit, A van GBH4070E suddenly cut into my turning lane, I try to break immediately but was too late as the van cut too much into my lane and hit the front left of my vehicle.

There's 1 passenger in my car at the moment of accident. I did check with the passenger if she is injure, she said she alright and I proceed to drop her off at ~~Warren~~ Warren Golf Club and I proceed to Vicom to file the accident Reporting.

DECLARATION

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

Policyholder's Signature
 Date & Time: 3/10/18 1145am

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 3/10/18 1145am

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Name: [Signature]
 Tel: 67416697 Fax: 67492305
 Email: vackb@singnet.com.sg