Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 16/10/2018 13:44

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver.</u>
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 liability.
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	16/10/2018 13:28
Date Of Accident	24/09/2018 14:05
Exact Location Of Accident	LIANG COURT MEIDI-YA SUPERMARKET LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP281A
Insured/Policyholder	
Name Of Registered Owner	TECK KEE FRUITS LLP
Co Reg No	T09LL0068F
Email Address	ANNIEHO1785@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96787669
Alternative Phone No	OFFICE-67786913
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR75L-5.2 D (M)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085214978-02
Cover Note Number	
Driver	
Name of Driver	VIJIENDRAN A/L KAVARAPPAN
NRIC No	F8414290P
Date Of Birth	17/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96787669
Fax Number	
Contact Number	OFFICE-67786913
EMail Address	ANNIEHO1785@GMAIL.COM

Address	BLK 18 WHOLESALE CTR #01-124
Postcode	110018
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

PLEASE REFER TO SKETCH PLAN

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	GBB6890Z
Vehicle Make/Model/Colour	TOYOTA HIACE
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

IMPORTANT NOTICE

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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.
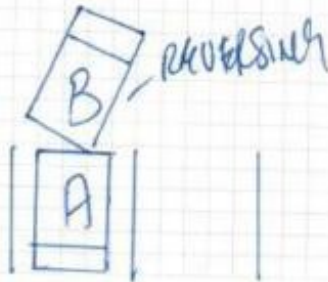

Policyholder's Signature

Date & Time: 3/10/2018

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

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

Sketch Plan #2

SKETCH PLAN LIANG COURT MELIDI-YA SUPERMARKET LOADING BAY

B) GBB 6890Z
A) YP281A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24/09/2018 AT ABOUT 14:05PM I WAS AT LIANG COURT
MELIDI-YA SUPERMARKET LOADING BAY AFTER LOADING I WANT
TO DELIVER GOOD WHEN I CAME BACK TO MY LORRY I SON
A VAN ALREADY BANG ON TO THE REAR OF MY LORRY

DECLARATION

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

X _____   _____   _____ 16/10/2018

Policyholder's Signature   Driver's Signature   Reporting Centre Personnel's Signature
Date & Time: 3/10/2018   (If driver is not the policyholder)   Name:
                               Date & Time: NRIC/FIN No.:

Accident Photo