

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 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	22/10/2018 18:14
Date Of Accident	20/10/2018 12:20
Exact Location Of Accident	JUNCTION OF FORT ROAD TOWARDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3323D
Insured/Policyholder	
Name Of Registered Owner	REGAL CONSTRUCTION CO. PTE. LTD.
Co Reg No	200009606W
Email Address	ADMIN@REGALCONST.COM.SG
Mobile Phone No	(LOCAL) +65-98271458
Alternative Phone No	OFFICE-67341005

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	THIRD PARTY
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	5098519099
Cover Note Number	

Driver

Name of Driver	TENG TAI WEI DAVID (DENG DAWEI DAVID)
NRIC No	S8206900C
Date Of Birth	18/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2001
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98271458
Fax Number	
Contact Number	OFFICE-67341005
EEmail Address	ADMIN@REGALCONST.COM.SG

Address	BLK 299A COMPASSVALE STREET #07-136
Postcode	541299
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 - HEAD ON COLLISION
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)	7
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : COLLEAGUE GENDER: : MALE
Passenger 3	NAME: : COLLEAGUE GENDER: : MALE
Passenger 4	NAME: : COLLEAGUE GENDER: : MALE
Passenger 5	NAME: : COLLEAGUE GENDER: : MALE
Passenger 6	NAME: : COLLEAGUE 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

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	GBG3096T
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JANAKIRAMAN SARAVANAKUMAR
NRIC/Passport Number	G2002243X
Contact Number	86554227
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

Accident Sketch Plan

SKETCH PLAN

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 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. The 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 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:
 - (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: 22/10/18

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

Regal Construction Co. Pte Ltd
Blk 13, York Hill #01-04
Singapore 162013
T 6734 1015 F 6734 1082
admin@regalconst.com.sg

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/10/2018 @ about 1220HRS, my vehicle 98D 3323D was making a right turn along Fort Road heading towards MCE/AYE. Accident happened while at the junction my said vehicle was turning upon a green arrow when the other party 9B9 3096T hit me on my right side of vehicle.

Do note that the junction was congested and vehicles are moving at a slow speed.

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: 22/10/18
Regal Construction Co. Pte Ltd
Blk 13, York Hill #01-04
Singapore 162013
T 6734 1015 F 6734 1082
min@regalconst.com.sg
22/10/18

Reporting Centre Personnel's Signature
Name: 22/10/2018
NRIC/FIN No.: Regal Const

Accident Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO: JN1MCZE28Z000000000
U.L.W : 1800 KGS
M.L.W : 3300 KGS
P. CAP : F-1 DRIVER, 2 OTHERS
TYRE SIZE R: 00
F: 195 x 15R 8PLY
R: 195 x 15R 8PLY (S)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



MARBLE RENEWAL (S.E.A.) P/L
50 SENOKO RD
975015
CO REG NO : 199058320 PAX02

Accident Photo

