

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	29/10/2018 09:20
Date Of Accident	26/10/2018 19:00
Exact Location Of Accident	1351 SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1143Z
Insured/Policyholder	
Name Of Registered Owner	QHIN TRANSPORT
Co Reg No	53231928A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85710515
Alternative Phone No	OFFICE-85710515

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE GL 3.0 DARK PRIME AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096978956
Cover Note Number	

Driver

Name of Driver	TANG TNEG HIN
NRIC No	S8778374Z
Date Of Birth	27/08/1987
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85710515
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 870A TAMPINES STREET 86 #06-12
Postcode	521870
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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?	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)	1

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

ON THE 26.10.2018 AT ABOUT 19:00HR. I WAS DRIVING GBH1143Z ALONG THE SAID ROAD. I WAS ON THE MIDDLE LANE, AS THE TRAFFIC IS FLOW IS HEAVY I WAS AWAITING TO MOVE ON. A VEHICLE GZ909J COLLIDE AT MY REAR PORTION. NO INJURIES INCURRED IN THIS ACCIDENT.

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	GZ909J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	GOODS VEHICLE
Name of Driver	UDDIN SELIM
NRIC/Passport Number	62371234
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:

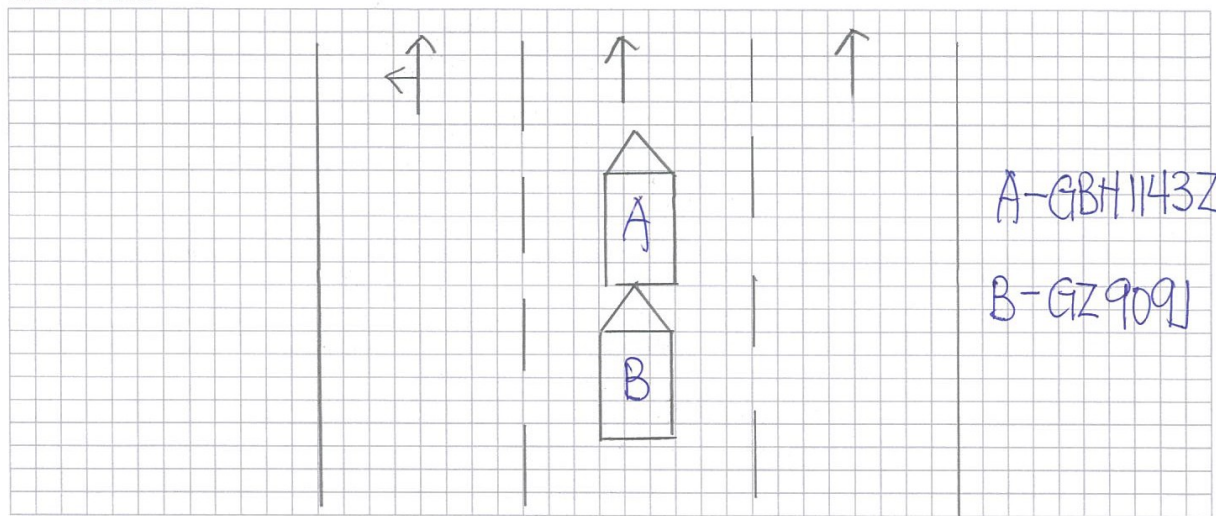
 28/10/2018

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

Think One Advocare Pte Ltd
18, De Lu Lane Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4988

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 26.10.2018 at about 19:00 hr. I was driving GBH1143Z along the said road. I was on the middle lane, As the traffic is flow is heavy, I was awaiting to move on. A vehicle GZ909J collide at my rear portion. No injuries incurred in this accident

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:


Think One Autocare Pte Ltd
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3500 Fax: 6842 4988

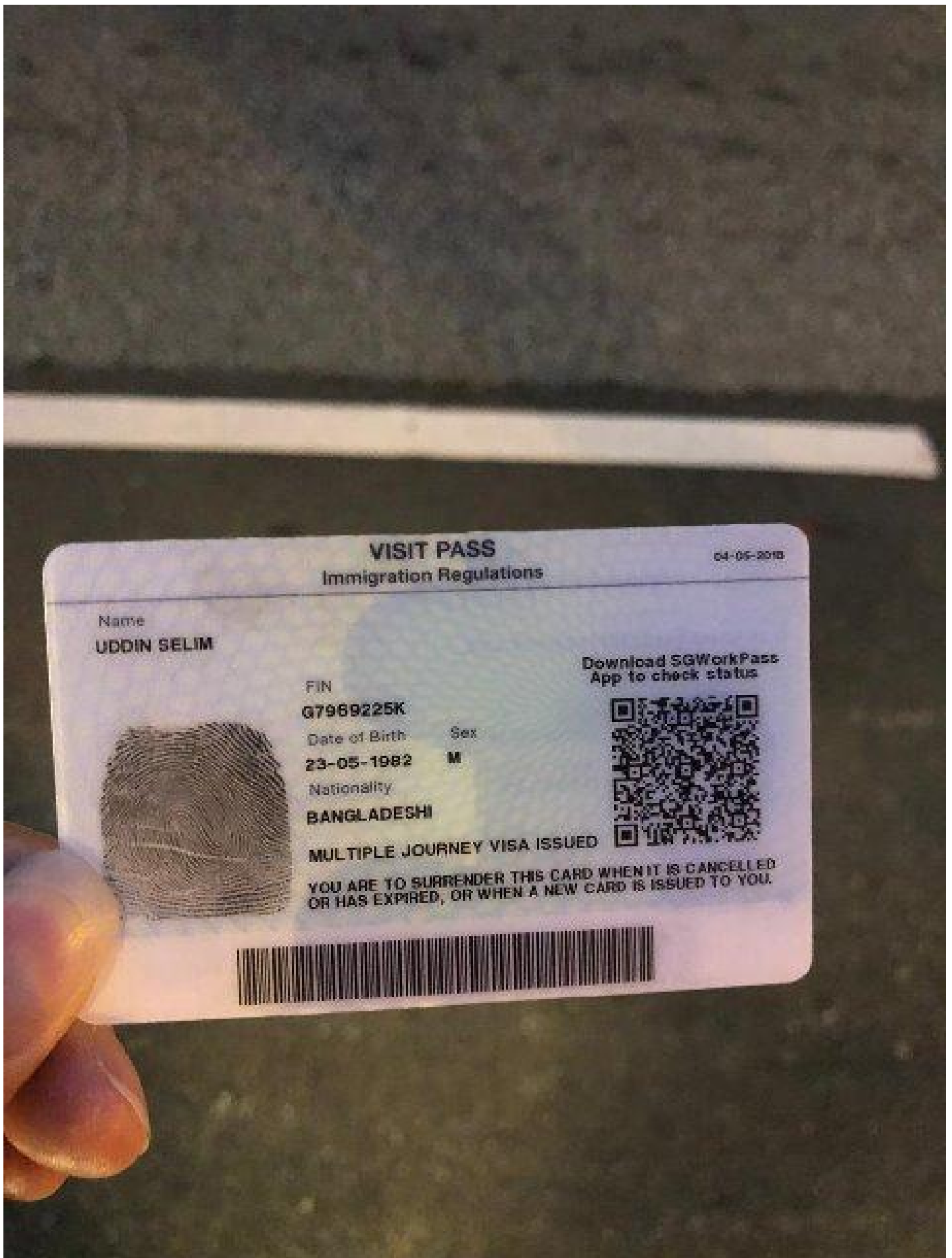
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE		IDENTITY CARD NO. S8778374Z	
	Name	TANG TENG HIN	
	Race	CHINESE	
	Date of birth	27-08-1987	
	Sex	M	
	Country of birth	MALAYSIA	

REPUBLIC OF SINGAPORE		DRIVING LICENCE	
	License Number	S8778374Z	
	Name	TANG TENG HIN	
	Birth Date	27 Aug 1987	
	Issue Date	25 Jul 2012	
			

9165945	
	NRIC No. S8778374Z
	Nationality
	MALAYSIAN
	Date of Issue
	30-05-2012
APT BLK 870A TAMPINES STREET 86 #06-12 SINGAPORE 521870 NRIC No: S8778374Z Date: 18/06/2018	

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)	
	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	03 Mar 2012
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	03 Mar 2012
	
Licence No: S8778374Z	
NP 428A	



VISIT PASS
Immigration Regulations

04-05-2018

Name

UDDIN SELIM

FIN

G7969225K

Date of Birth

23-05-1982

Sex

M

Nationality

BANGLADESHI


Download SGWorkPass
App to check status




MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**




 **WORK PERMIT**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


Employer
Q TRADING CONSTRUCTION PTE. LTD.


 Name
UDDIN SELIM

Work Permit No.
0 62371234


Sector:
CONSTRUCTION

 **0 62371234**

 **K0343562**


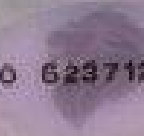
 **WORK PERMIT**
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Republic of Singapore


Employer
Q TRADING CONSTRUCTION PTE. LTD.

 Name
UDDIN SELIM

Work Permit No.
0 62371234

Sector:
CONSTRUCTION

 
0 62371234

 **K0343562**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



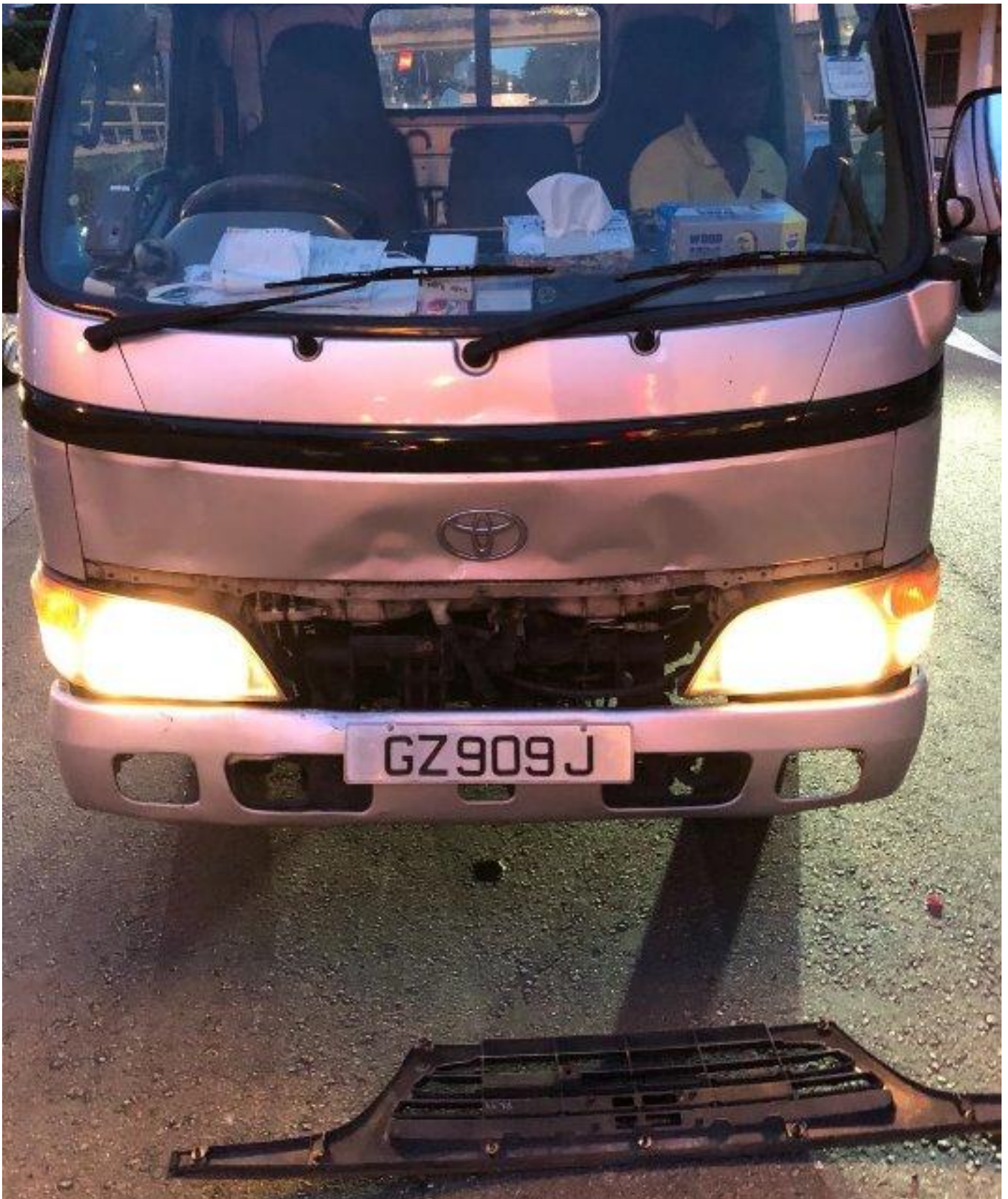
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MT0A18139745-01 Vehicle Registration No: 4BH 1143 Z
Name (as shown in NRIC) : Qhin Transport NRIC/FIN/Passport No : 53231928 A
(*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : B1K 870A #06-12 Tampines st 86 Singapore (521 870)
Contact (Tel) : 85710515 Mobile No. : _____
Email Address : _____
Date of Accident : 26.10.2018 Time of Accident : 17:00 hr
Place of Accident : _____
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to the correct TP vehicle number QZ909J

Policyholder / Driver's Signature
Date:

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