

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 willful 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	05/11/2018 11:32
Date Of Accident	03/11/2018 15:20
Exact Location Of Accident	CTE TOWARDS PIE CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3225Z
Insured/Policyholder	
Name Of Registered Owner	JD TALENTS MANAGEMENT & CONSULTANCY PTE LTD
Co Reg No	200807087Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86124877
Alternative Phone No	OFFICE-86124877

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5104968859
Cover Note Number	

Driver

Name of Driver	KWECK TING HUI
NRIC No	S9712515E
Date Of Birth	08/04/1997
Occupation	OUTDOOR
Date Of Driving Pass	27/09/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86124877
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 559 JURONG WEST STREET 42 #02-469
Postcode	640559
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	WET

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?	
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: : NA 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

I WAS TRALLING ALONG CTE AND ABOUT TO ENTER THE FILTER LANE TOWARDS PIE CHANGI AIRPORT. THE CAR INFRONT OF ME STOP AND I BRAKE AS WELL. THE NEXT MOMMENT, A LORRY (GZ8908T) BANGED ME FROM THE BACK.

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	GZ8908J
Vehicle Make/Model/Colour	MITSUBISHI CANTER
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	THURAI CHETTI THIYAGARAJAN
NRIC/Passport Number	S8476437Z
Contact Number	90689670
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

1. I am completing this Form to report the accident to the relevant authorities.


2. I understand that the information provided in this Form will be used for the following purposes:
 - (a) to provide a copy of this report to the relevant authorities for their use in the investigation of the accident;
 - (b) to provide a copy of this report to the relevant authorities for their use in the investigation of the accident;
 - (c) to provide a copy of this report to the relevant authorities for their use in the investigation of the accident;
 - (d) to provide a copy of this report to the relevant authorities for their use in the investigation of the accident;
 - (e) to provide a copy of this report to the relevant authorities for their use in the investigation of the accident;
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 - (h) to provide a copy of this report to the relevant authorities for their use in the investigation of the accident;
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 - (v) to provide a copy of this report to the relevant authorities for their use in the investigation of the accident;
 - (w) to provide a copy of this report to the relevant authorities for their use in the investigation of the accident;
 - (x) to provide a copy of this report to the relevant authorities for their use in the investigation of the accident;
 - (y) to provide a copy of this report to the relevant authorities for their use in the investigation of the accident;
 - (z) to provide a copy of this report to the relevant authorities for their use in the investigation of the accident;
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4. Any false reporting may be referred to the Police for investigation.
5. The report will be forwarded by the insurers of the General Insurance Association of Singapore (GIAS) for archiving, and that copies of this report will for a fee be made available upon application by interested parties.
6. By the signing of this report in the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available as aforesaid.
7. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

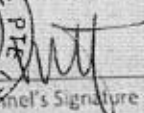
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIAS") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer (collectively the "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.

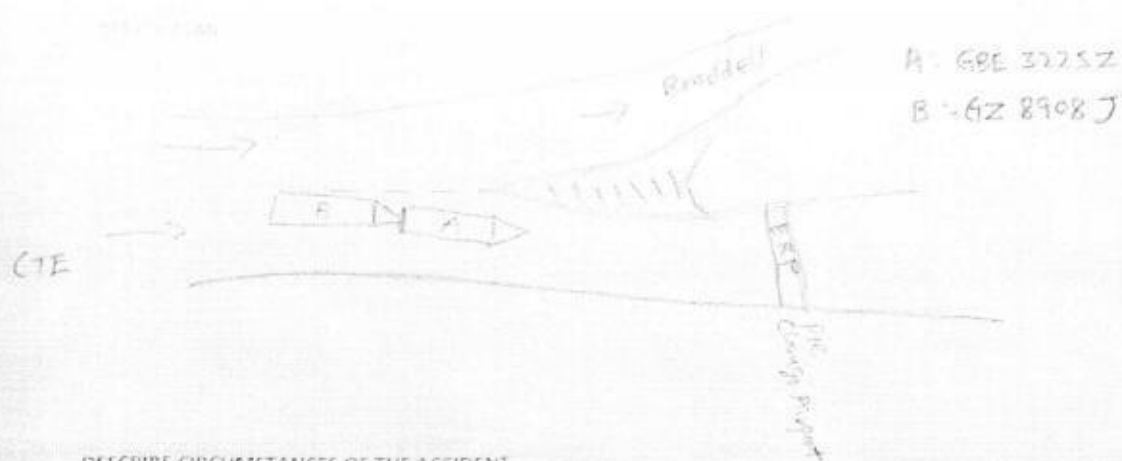



Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 05/11/18


 GST Reg. No. 200501102H


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE and about to enter the filter lane towards Pie Changi Airport. The car in front of me stop and I brake as well. The next moment, a lorry (6Z 8908J) banged me from the back.

DECLARATION

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

Wong
 Policyholder's Signature
 Date & Time: 01/07/18

Jim
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 01/07/18

[Signature]
 Reporting Person's Signature
 Name:
 NRIC/FIN No.:

