

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	29/11/2018 14:45
Date Of Accident	21/11/2018 11:40
Exact Location Of Accident	UPPER SERANGOON ROAD TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL6710K
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Insured/Policyholder

Name Of Registered Owner	ENLIGHTEN FURNITURE DECORATION CO PTE LTD
Co Reg No	199702965D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85886173
Alternative Phone No	OFFICE-85886173

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER3SDEB (CBU)
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	5084443733-02
Cover Note Number	

Driver

Name of Driver	SHEIKH ELIAS
Passport No/FIN	G6994174K
Date Of Birth	10/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/10/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85886173
Fax Number	
Contact Number	OTHERS-85886173
Email Address	NOEMAIL

Address	ENLIGHTEN FURNITURE DECORATION CO PTE LTD
Postcode	
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SHD4027G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

E. Goh

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

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

29/11/2018

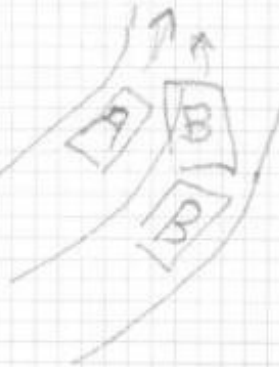
Sketch Plan #2

SKETCH PLAN

Upper Serangoon Road toward PIE

A - YL6710K

B - SHD4027G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the Attached

DECLARATION

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



Policyholder's Signature
Date & Time:

Ellis

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

- 29/4/2018

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

CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING

This is to confirm that Sheikh Elias, FIN G6994174K has reported to the Police a traffic accident which occurred at the junction of Upper Serangoon Road into PIE on 21/11/2018 at 1140hrs involving the following vehicles:

A) YL6710K

B) SHD4027G

On 21/11/2018 at about 1140hrs, I was driving my company lorry bearing the plate number YL6710K along Upper Serangoon Road back to my company. As I was making a turn into PIE from Upper Serangoon Road, a taxi bearing the plate number SHD4027G hit the front left headlight and signal lights of my company lorry. This happened when the taxi was making a turn into PIE. I stopped and got down of my vehicle and talked to the taxi driver. However, the taxi driver refused to give me his driving license he also told me that there not a need to lodge a police report. Afterwards, the taxi driver drove off. 20 minutes later he contacted me and I told me that I was reporting the accident to my company management. The taxi driver also went down to my company. I am lodging this report for recording purposes and insurance claim purpose as advised by my company.

2 If this accident was reported to the Police within 24 hours of its occurrence then he/she has complied with Sec 84 (2) of the Road Traffic Act, Cap 276

Rank / Name of Issuing Officer: Sgt T160272 Jeremy Chung

Date: 21/11/2018 Time: 1145 Hrs

S/D Ref No: 00

Police Post / Unit: Pasir Ris NPC

Original to be issued to complainant
Duplicate to be submitted to Traffic Police



般利登木器裝修私人有限公司
Enlighten Furniture Decoration Co Pte Ltd

Our Ref: PS6010/110184/18

29 November 2018

Attn: To Whom It May Concern

Dear Sir/Madam,

Re: Traffic Accident dated 21 November 2018 regarding our vehicle No: YL6710K

This letter serves to certify that **MR ELIAS SHEIKH – FIN: G6994174K** is currently employed at **ENLIGHTEN FURNITURE DECORATION CO PTE LTD** and is authorised to drive our vehicle no. YL6710K.

At the time of this accident, he was driving this vehicle for the business of our company.

Yours sincerely,

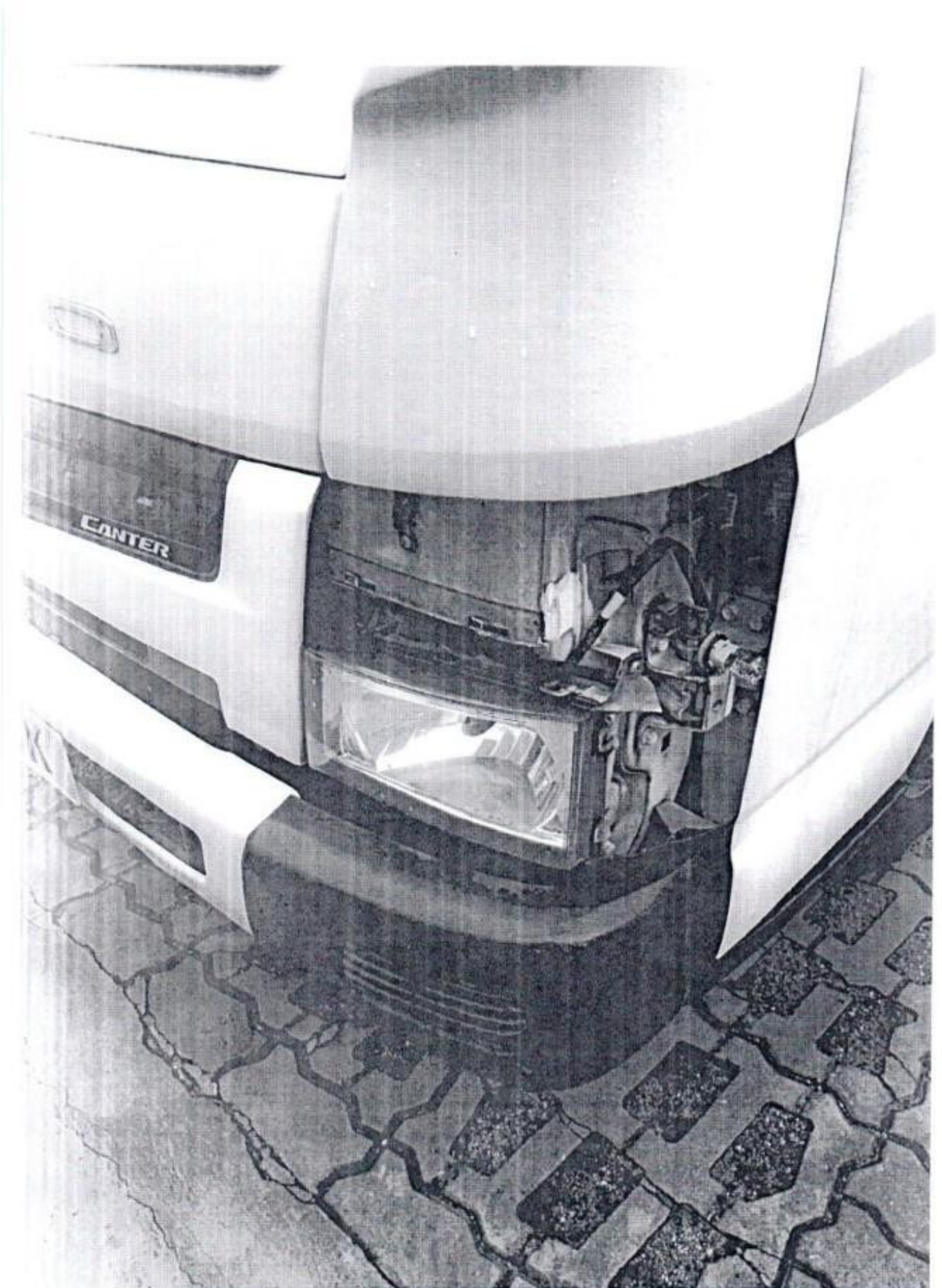

Alicia Brillantes
HR Manager



bizSAFE₃

Registration No: 199702965D
Tel: 67444175 Fax: 67449452
Email: sales@enlighten.com.sg
Address: 3 Loyang Way 6
Enlighten Building Singapore 507077

Accident Sketch Plan



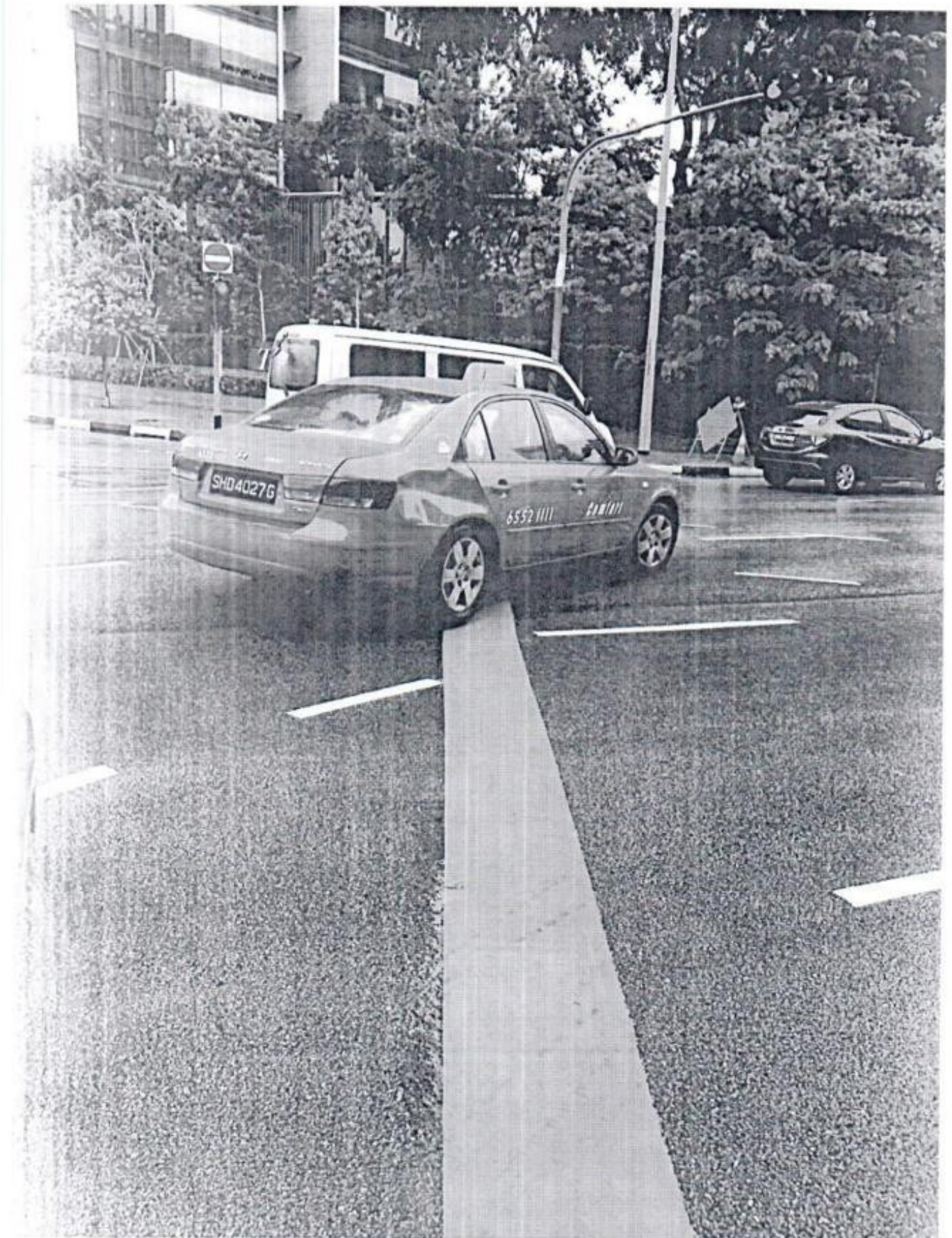
Accident Sketch Plan



Accident Sketch Plan



Accident Sketch Plan



Accident Photo



Accident Photo



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