

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	08/02/2019 13:47
Date Of Accident	05/02/2019 12:10
Exact Location Of Accident	BEDOK NORTH RD AND BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV4113H
Insured/Policyholder	
Name Of Registered Owner	ROBERT CATERING SERVICES
Co Reg No	53171232W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87546404
Alternative Phone No	OFFICE-62994640
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5101937110
Cover Note Number	02/07/2018 - 31/05/2019
Driver	
Name of Driver	WELLSON KUAN CHOON HOONG
NRIC No	S1677529J
Date Of Birth	31/05/1964
Occupation	INDOOR
Date Of Driving Pass	25/06/1984
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82859588
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 150A CORPORATION DRIVE #02-17
Postcode	611150
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	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

MY VEHICLE WAS MAKING A RIGHT TURN FROM BEDOK NORTH RD INTO BEDOK RESERVOIR ROAD. IT WAS GREEN TRAFFIC LIGHT. AS THERE WAS ONE BUS BLOCKING MY VIEW ON OPPOSITE TRAFFIC FLOW, I INCHED FORWARD AND SUDDENLY, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION. NO ONE WAS INJURED. I WISH TO ADD ON THAT I OBTAINED A VIDEO FROM SOCIAL MEDIA, SHOWING THAT VEHICLE B WAS GOING STRAIGHT INSTEAD OF TURNING RIGHT ONLY (ON A GREEN TURN ARROW TRAFFIC LIGHT).

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO OBTAIN FROM SOCIAL MEDIA
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV5028E
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	RIGHT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	TOH JIN HUI SHARLENE
NRIC/Passport Number	S8912574Z
Contact Number	90686734
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MTC

D.O.A: 5219

Vehicle No: GV4113H

Make Model: N/A

Report Date: 2/8/2019 Start Time: 2:01 PM

Reporting Type: 7P End Time:

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 be 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 be 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 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 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.



2/8/2019 14:01

Policyholder's Signature
Date & Time:

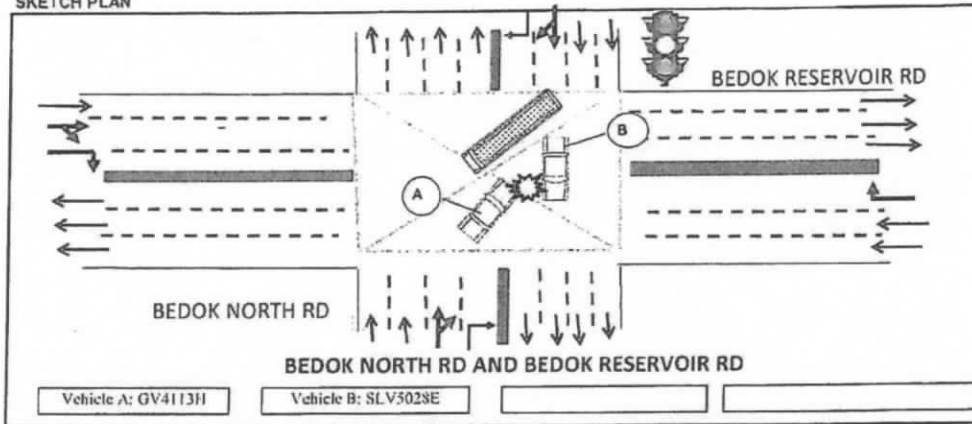
Driver's Signature (if driver is not the policyholder)
Date & Time:

2/8/2019 14:01

Reporting Centre Personnel's Signature
Name: Cheryl Jun Liang
NRIC/Fin No: S990765

Sketch Plan Pg. 2

SKETCH PLAN



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I wish to add on that I obtained a video from social media, showing that Vehicle B was going straight instead of turning right only (on a green turn arrow traffic light)

[Handwritten signature]

DECLARATION

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:

2/8/2019 14:01

Reporting Centre Personnel's Signature
Name: Chen Jyn Liang
NRIC/ Fin No: S990765

