

### 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	22/02/2019 08:59
Date Of Accident	20/02/2019 17:30
Exact Location Of Accident	NO: 1 THE WESTCOM - TUAS SOUTH -AVE -6
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD698S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UNION5 ENGINEERING SERVICES PTE LTD
Co Reg No	200809029W
Email Address	UNION5@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98570360
Alternative Phone No	OFFICE-98570360

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NV 200
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5065533418-04
Cover Note Number	

#### Driver

Name of Driver	LEE KIN CHEONG
NRIC No	S1722945A
Date Of Birth	09/02/1965
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1984
Driving Experience	34 YEARS AND 5 MONTHS.
Gender	MALE
Mobile Number	(LOCAL) +65-98570360
Fax Number	
Contact Number	OFFICE-98570360
EMail Address	NOEMAIL

Address	BLK 286 CHOA CHU KANG AVE 3 #05-316
Postcode	680286
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 (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)	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

REFER ATTACHED . REMARK : TYPE OF ACCIDENT WAS THIRD PARTY VEH 'B' 'REVERSED' AND HIT MY VEH 'A'.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

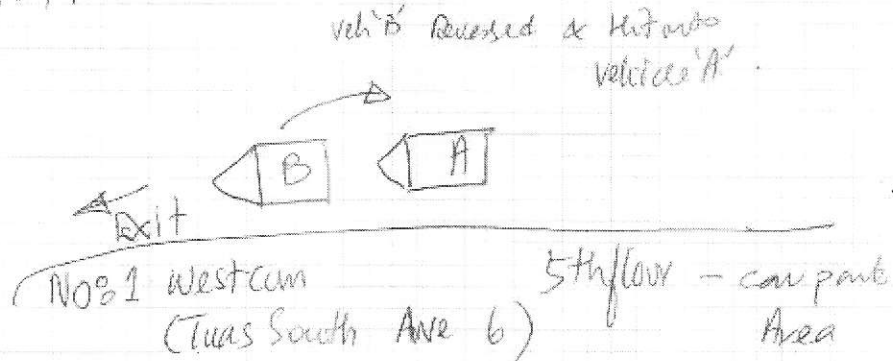
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4574D
Vehicle Make/Model/Colour	CITROEN BELINGO
Details Of Properties	REAR PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KAYAROKANAM GNANASAMBANDAM PRAKASH
NRIC/Passport Number	S9474282Z
Contact Number	91156567
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

## SKETCH PLAN

- (A) GBD 6983
- (B) GBF4574D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting car and there was a vehicle 'B' in front. suddenly as I was behind. this vehicle 'B' started to Reversed & Reversed Lights were on. I Hork & Hork, but this vehicle B continued to Reversed & Hit into my vehicle front part. Only 2 vehicles Involved & no one was hurt.

## 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:

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No:

ISSUE: 30/09/2019

## Sketch Plan #2


### SKETCH PLAN


#### IMPORTANT NOTICE

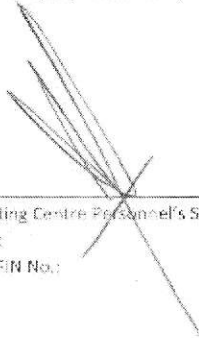
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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:

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

# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-01 Singapore 048580  
 Tel: (65) 6224 0010 Fax: (65) 6224 0020  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S665500206 / GST Reg. No.: M900017735

**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 : MS1319024568 Vehicle Registration No: GBD 698S  
 Name (as shown in NRIC) : Lee Kin Cheong NRIC/FIN/Passport No : 81722945A  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : BLK 286 Choa Chu Kang Ave 3 Singapore #05 316 680286  
 Contact (Tel) : 98570360 Mobile No. : \_\_\_\_\_  
 Email Address : union5@singnet.com.sg  
 Date of Accident : 20/2/2019 Time of Accident : 17:30hr  
 Place of Accident : No 1 The Westcom (Turas South Ave 6)  
 Insurance Company : NUU 5th floor

### (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:

I want to make a correction on my  
Company name to Union5 Engineering  
Services Pte Ltd.

Policyholder / Driver's Signature  
 Date:

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