

### 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	14/02/2019 17:21
Date Of Accident	12/02/2019 12:30
Exact Location Of Accident	ALONG SLE (LENTOR)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4444X
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#### Insured/Policyholder

Name Of Registered Owner	RUI FENG CHARTERED PTE LTD
Co Reg No	200713472Z
Email Address	RUIFENGCHARTERED@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64670956

#### Vehicle Particulars

Manufacturer	SCANIA
Model	KEB6X2/4 12L MT 26.4T ABS TURBO C/CAB
Exact Purpose for which vehicle was being used at time of accident	
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	BUS

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090113700-01
Cover Note Number	

#### Driver

Name of Driver	ELAMPARUTHI BHARATHIDASAN
Passport No/FIN	G8475317W
Date Of Birth	09/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91202189
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
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 - 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)	0

#### 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 SKETCH PLAN

#### 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	XD9837M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	OH TECK SOON
NRIC/Passport Number	S1545791J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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.

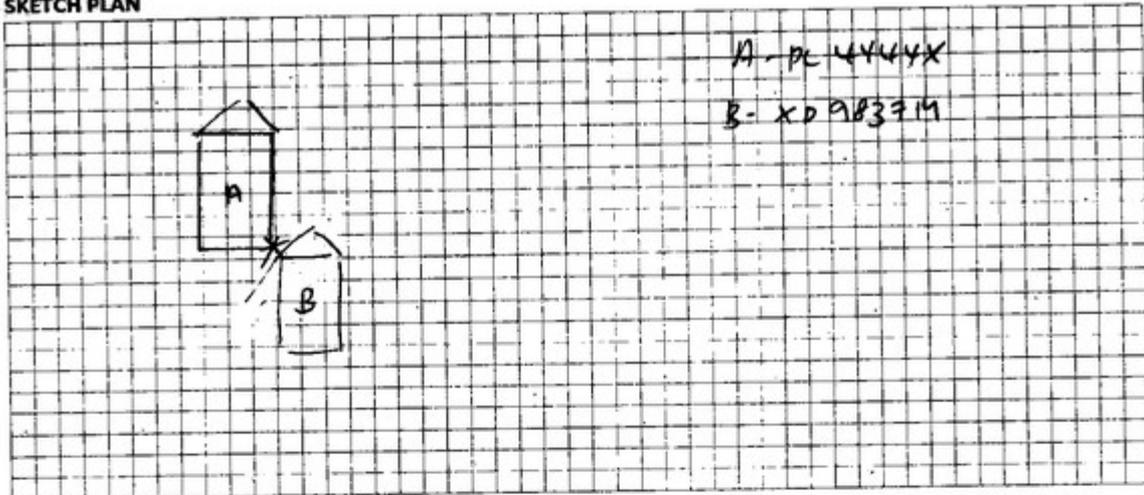


Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Accident Date & Time: 12/2/2019 1230

Accident Location: SLE (Lentor)

I was driving straight along the mentioned location.  
 My vehicle suddenly broke down & I immediately  
 switched on hazard lights to warn other drivers & check on engine.  
 Suddenly I saw vehicle B collided onto my vehicle rear RH  
 portion.

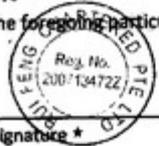
Reporting Only    Own Damage    Third Party    Claim at other workshop (OD/TP)

**DECLARATION**

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

\* IMPORTANT NOTE:  
 You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim),  
 there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of  
 occurrence.

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo

