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Owner / Driver: (	are at each i	· inc(	Tel:		
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Confirmed by : (		Date:	Time:		
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

plicate a lateral services	ACCIDENT STATEMENT
Date Of Report	10/04/2019 11:17
Date Of Accident	09/04/2019 17:10
Exact Location Of Accident	CLEMENCEAU AVE NORTH
Country/State of Loss	SINGAPORE
Market 1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC7272E
Insured/Policyholder	
Name Of Registered Owner	A&A TRANSIT EXPRESS
Co Reg No	53231349J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83689699
Alternative Phone No	OFFICE-83689699
Vehicle Particulars	
Manufacturer	SCANIA
Model	K94IB4X2
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096120003-01
Cover Note Number	
Driver	
Name of Driver	ONG BENG HUI
NRIC No	S8517489D
Date Of Birth	01/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83689699
Fax Number	
0-4-11	

OFFICE-83689699

NOEMAIL

BLK 673C EDGEFIELD PLAINS Address

#16-621 823673

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

DRIZZLING

Road Surface

WET

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?

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

ON STATED DATE AND TIME, AS VEHICLE WAS QUEUE WAITING THE TRAFFIC LIGHT TO TURN GREEN. I MAKE A RIGHT TURN FROM MINOR RD TWDS MAJOR RD. MY VEHICLE WAS INSIDE THE YELLOW BOX. SUDDENLY VEHICLE B FROM REAR OF MY VEHICLE AND TRYING TO SQUEEZE THROUGH. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

#### 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

SKQ2698D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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. 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)

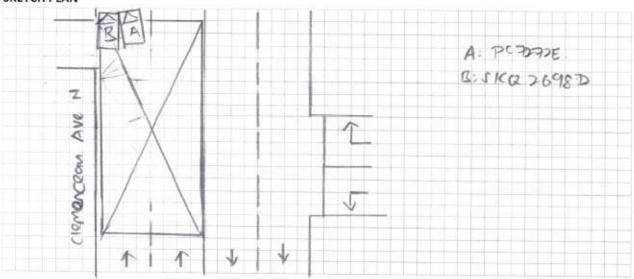
Date & Time:

Reporting Centre Personi

Name:

NRIC/FIN No .:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	Statement.		

DECLARATION

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

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA119046573 \_\_\_\_\_Vehicle Registration No: PC7272E Name(as shown in NRIC) : A&A TRANSIT EXPRESS \_\_\_NRIC/FIN/Passport No : 53231349J (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Singapore( ) Mobile No.: 83689699 Contact (Tel) Email Address 09/04/2019 \_\_\_\_Time of Accident : 17:10 Date of Accident . CLEMENCEAU AVE NORTH Place of Accident Insurance Company: NTUC Income Insurance Co-operative Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend vehicle registration number Policyholder / Driver's Signature Reporting Centre Personnel Signature Date: Name: NRIC/FIN No .:

Date:









Date of Issue
22-06-2015

Address
APT BLK 673C EDGEFIELD PLAINS
W16-621
SINGAPORE 823673

This card is not transferable and is the property of the Land Transport
Authority (LTA). It must be surrendered to the LTA on request. If found,
please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date
03 BUS VL 23/06/2010
04 BUS ATTENDANT 23/06/2010

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601						• Change	Language	• Chan	ge Password	· Log Ou
Poli	cy Query									5
Policy N	Vo.				Date	of Accident	į.	9/04/2019	17:10	
Vehicle	No.(For Motor)	PC727	2E		Certifi	cate Number	Ī			
				1	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
0	5096120003- 01		A&A TRANSIT EXPRESS	53231349)	GBS	Third Party, Fire & Theft	PC7272E	100 A 100 A 100 A	22/01/2019	21/01/2020
	Policy No.	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No.  5096120003-	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No.  Certificate Number  5096120003-	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No. Certificate Number Name  5096120003- A&A TRANSIT	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No. Certificate Number Name NRIC  5096120003- A&A TRANSIT 52323403	Policy Query  Policy No.  Vehicle No. (For Motor)  PC7272E  Search  Select Policy No.  Certificate Number Name NRIC Product Number Name NRIC Product	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No.  Certificate Number  Search  Select Policy No.  Certificate Number  Name NRIC  Soperation Suppose Number  Name NRIC  Soperation Suppose Name NRIC  Soperation Suppose Name NRIC  Soperation Suppose Name NRIC  Soperation Suppose Suppose Name NRIC  Soperation Suppose S	Policy Query  Policy No. Date of Accident  Vehicle No. (For Motor) PC7272E Certificate Number  Search  Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. S096120003- A&A TRANSIT 533313491 GBC Third Party, PC72725	Policy Query  Policy No.  Date of Accident  O9/04/2019  Vehicle No.(For Motor)  PC7272E  Search  Select Policy No.  Certificate Number  Number Name NRIC  S096120003-  A&A TRANSIT 532313491 GBe Third Party, pc737378 pc737378	Policy Query  Policy No. Date of Accident 09/04/2019 17:10  Vehicle No. (For Motor) PC7272E Certificate Number  Select Policy No. Certificate Number Name NRIC Product Cover Type No. Object Date Date September No. Object Date Date Number Name NRIC Product Cover Type No. Object Date Date Date Number No. Object Date Date Number No. Object Date No. Object Date No. Object Date Date No. Object Date Number Name NRIC Product Cover Type No. Object Date Date Date Date Date Date Date Dat

Policy No.	5096120003-01	Policyholder Name	A&A TRANS	IT EXPRESS	Policyholder NRIC	532313493	
Certificate No.		, inc			NRIC		
Address	BLK 673C #16-621 EDGEFIELD	LAINS SING	APORE 82367	73			
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	21/01/2019	Effective Date	22/01/2019	00:00	Expiry Date	21/01/2020 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	3000	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 673C #16-621	Addre	ss 2	EDGEFIELD PLAIR	NS	Address 3	SINGAPORE 823673
Address 4		Addre	ss Type	Singapore addres	s	Post Code	823673
THE REAL PROPERTY.			ed Policy	5096120003-01			
SS-375	07-607	Numb	to 5				
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Unit No.	ed Object: PC7272E	Numb					

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### Accident Details
2007 Date   10/04/2019 13:136
Address   Pale   Pal
Time of Accident
Description   Center
Service   Location   CLEMENCEAU AVE NORTH
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### Benefits  #### Benefits  ##### Benefits  ##### Benefits  ##### Benefits  ##### Benefits  ##### Benefits  ###### Benefits  ###################################
Separation   No
Registered Information   Registered Information   Registered   No   GST Registration Date   GST Status Verified   Yes   Yes   Yes   Registered No   Yes   Yes   Registered No   Yes   Yes   Yes   Yes   Registered No   Yes
Registered   No   GST Nation Verified   Ves
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Policyholder Mailing Address
Policyholder Mailing Address ress 1
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Address Type Singapore address Post Code 823673  No. 07-607 Related Policy Number 5096120003-01  Of Driver Info  For Name Univer Driver Driver Driver William Driver Once of Driver Dos 01,006/1985  India No. (Mosile) 8368969 Contact No. (Office) 0 Contact No. (Mosile) 8368969 Contact No. (Office) 0 Contact No. (Mosile) 8368969 Contact No. (Office) 0 Contact No. (Mosile) No. 16-621  The Singapore address Type Singapore address Post Code 823673  India No. (No. 16-621  Singapore address Post Code 823673  Any Injury?
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R No. 07-607 Related Policy Number 5096120003-01  F OI Driver Infe  Ver Name Unnamed Driver Diver White Unnamed Driver Diver Type Unnamed Driver ONG BENG HUI Driver NRTC S85174890 Driver D08 01,006/1985  poter Oxive of Driver License 23/06/2010 Driver Age 33 Driver Age 36 Driver No. (Mobile) 83689699 Contact No. (Dffice) 0 Contact No. (Hothe) 0  riess 3 BLX 673C Address 2 EDGEFIELD FLAINS Address 3 WATERWAY BARKS  stress 4 SINGAPORE 823673 Address Type Singapore address Post Code 823673  t No. 16-621  stress down a Singapore of the Singapore of Driver Vehicle No. Driver Vehicle No. Driver Singapore of Driver Singapore
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Arr Name Unnamed Driver Driver Name Unnamed Driver ONG BENG HUI Driver NRIC S85174890 Driver DOB 01,06/1985 Inter Oxfore of Driver License 23/06/2010 Driver Age 33 Driving Experience 8 Inter No. (Mobile) 83689699 Contact No. (Office) 0 Contact No. (Mobile) Address 3 WATERWAY BANKS Press 4 SINGAPORE 823673 Address Type Singapore address Post Code 823673 Post Cod
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m Type * DO-MX Insured Name A&A TRANSIT EXPRESS Insured NRIC 532313497
(act No. (Models)   ELB45505   Contact No. (Home)   Contact No. (Office)
M Address 01 Vehicle Number PC22726 TP Vehicle Number SKQ2698D
mant Type Claimant Type * Please Select   Type of Benefit *   Please Select    Type of Benefit *
nant Name * ≥≥ Clarmant NRIC *
nert Address
Description PC2272E / SKQ2698D ON 9 Apr 2019 Name of Preferred Workshop
The state of the s
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Insured Liability * Not at Fault
Insured Liability * Not at Fault V  une Finalisation Yes V Preferened Repair Option Preferend Workshop, Name unknown V GIA report Received S
Insured Liability * Not at Fault   Preferenced Repair Option Preferend Workshop, Name unknown V GIA report Received   Registered L0/04/2019 13:38 Claim Close Date Date Received 10/04/2019 00:00
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