

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	22/04/2019 09:24
Date Of Accident	18/04/2019 09:45
Exact Location Of Accident	JUNC INTERNATIONAL RD & NEYTHAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ3752Z
Insured/Policyholder	
Name Of Registered Owner	SUNCORAM ENGINEERING PTE LTD
Co Reg No	201208242D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63680350

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FB70ABOSRDEB
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	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	5102967327
Cover Note Number	

Driver

Name of Driver	KYAW NYUNT
Passport No/FIN	G7338717K
Date Of Birth	01/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	15/06/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84496003
Fax Number	
Contact Number	OFFICE-84496003
Email Address	NOEMAIL

Address	BLK 288B JURONG EAST STREET 21 #03-376
Postcode	602288
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	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?	YES
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: : JUPRI BIN SAUT GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - J/20190418/7017.

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	PC5029E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KYAW NYUNT
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GZ3752Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name JUPRI BIN SAUT
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GZ3752Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

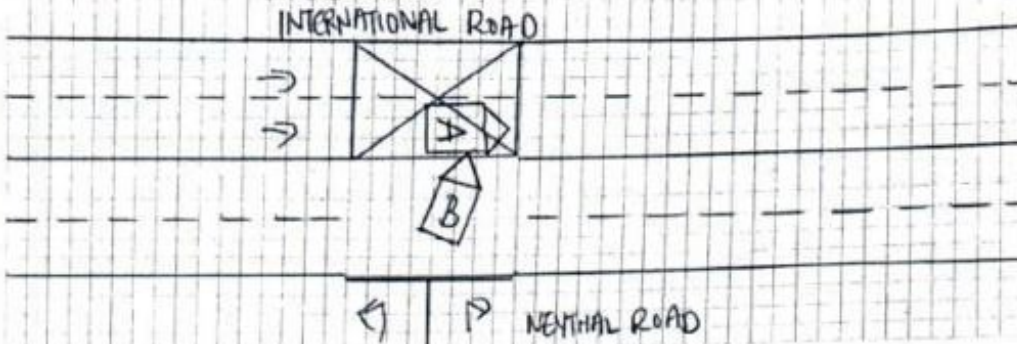

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

A: GZ 3752 Z
B: PC 5029 E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I (GZ3752Z) WAS TRAVELLING ALONG THE STATED VENUE ON THE RIGHT LANE. WHILE APPROACHING THE TRAFFIC LIGHT, I MAINTAINED AT A MODERATE SPEED IN CASE OF TRAFFIC LIGHT CHANGES. SUDDENLY, THERE WAS A HUGE IMPACT FROM MY RIGHT AND MY WHOLE LORRY SPUN. AFTER REALISING, I REALISED THAT (PC5029E) HAD CAME OUT FROM THE MINOR ROAD (NETHAL ROAD) WITHOUT CHECKING CLEAR OF THE MAJOR ROAD THUS COLLIDED ONTO MY VEHICLE, CAUSING DAMAGES.

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

Police Report



**SINGAPORE
POLICE FORCE**



J/20190418/7017

1 of 2

POLICE REPORT (NP299)

Report No. J/20190418/7017

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 18/04/2019 11:39	Vide Report No.	Station Diary No.
Name Of Informant KYAW NYUNT	Address APT BLK 288B JURONG EAST STREET 21 #03-376 SINGAPORE 602288	
ID Type / ID No. FIN NO / G7338717K	Contact No. Home/Office:	Mobile: 83116005
Nationality MYANMAR	Email Address admin@suncoram.com.sg	
Occupation PROJECT SUPERVISOR	Sex Male	Age 49
Institution/School Name	Date of Birth 01/05/1969	Race Others
Date/Time Of Incident 18/04/2019 09:45 - 18/04/2019 10:45	Location Of Incident INTERNATIONAL ROAD	

Brief details.

On the stated time and date, I (GZ3752E) was travelling along the stated venue on the right lane. While approaching the traffic light, I maintained at a moderate speed in case of traffic light changes. Suddenly, there was a huge impact from my right and my whole lorry spun. After alighting, I realised that (PC5029E) had came out from the minor road (Neythal Road) without checking clear of the main road thus collided onto my vehicle, causing damages. TP arrived and I'm making this report with regards to case number J/20190418/0041

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2019 11:39
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



J/20190418/7017

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190418/7017

Subjects Involved			
Victim			
Person Name	KYAW NYUNT		
ID Type	FIN NO	ID No	G7338717K
Gender	Male	Age	49
Race	Others	Language	English
Occupation	PROJECT SUPERVISOR		Address Type
Address	APT BLK 288B JURONG EAST STREET 21 #03-376 SINGAPORE 602288		Mobile No 83116005
Is Informant A Victim?	Yes		
Person Name	KYAW NYUNT (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

18/04/2019 11:39

Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

