

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	20/04/2019 11:35
Date Of Accident	19/04/2019 15:25
Exact Location Of Accident	SEBBAWANG PARK CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GU3113U
Insured/Policyholder	
Name Of Registered Owner	KUND SENG CHOON SERVICES
Co Reg No	53030160A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94887218
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5103494038
Cover Note Number	PREFERRED WORKSHOP PLAN
Driver	
Name of Driver	HOSSEN NAZMUL
Work Permit No	G6820115U
Date Of Birth	04/03/1990
Occupation	INDOOR
Date Of Driving Pass	04/12/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90777217
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: ME/

D.O.A: 17.4.19

Vehicle No: 6431134

Make / Model: Toyota Dyna

Report Date: 20/4/2019 Start Time: 11:31 AM

Reporting Type: TP 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/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 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.


20/4/2019 11:27

Policyholder's Signature
Date & Time:



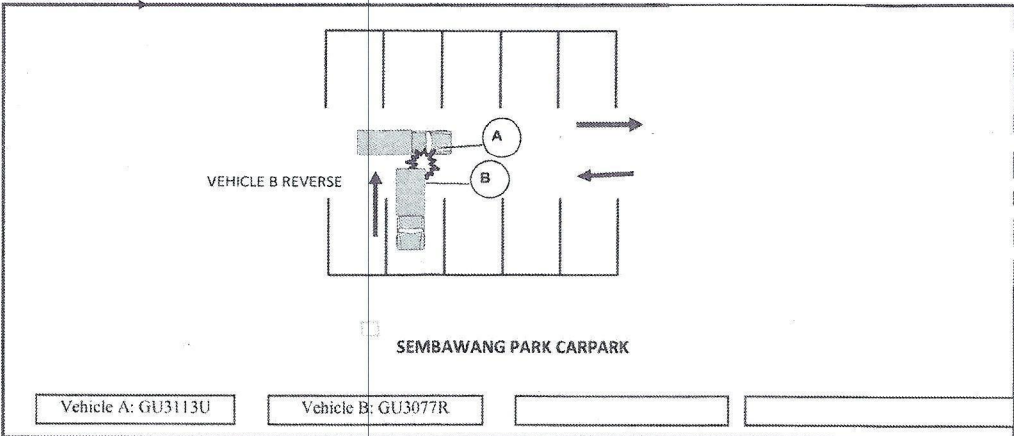
20/4/2019 11:27

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



Reporting Centre Personnel's Signature
Name: Eric Woo Jun Kiat
NRIC/ Fin No: S992753

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING IN THE CARPARK WHEN VEHICLE B REVERSED OUT FROM HIS PARKING LOT AND HIT INTO THE RIGHT PORTION OF MY VEHICLE.

DECLARATION

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


Policyholder's Signature
Date & Time: 20/4/2019 11:27


Driver's Signature (If driver is not the policyholder)
Date & Time: 20/4/2019 11:27


Reporting Centre Personnel's Signature
Name: Eric Woo Jun Kiat
NRIC/ Fin No: S992753

Address	BLK 808 #06-151, FRENCH ROAD, KITCHENER COMPLEX
Postcode	200808
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 - MAJOR/MINOR RD
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: : PASSENGER
	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

I WAS DRIVING IN THE CARPARK WHEN VEHICLE B REVERSED OUT FROM HIS PARKING LOT AND HIT INTO THE RIGHT PORTION OF MY VEHICLE.

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	GU3077R
Vehicle Make/Model/Colour	LORRY
Details Of Properties	REAR PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN CHWEE THIAM
NRIC/Passport Number	S7146021E
Contact Number	96366543
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	