

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	24/05/2019 17:15
Date Of Accident	24/05/2019 13:05
Exact Location Of Accident	BOK SENGNO:5TUASAVENUE3/85LOGISTICS HUB/S639405
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN303G
Insured/Policyholder	
Name Of Registered Owner	JACOB TRANSPORTS SERVICES
Co Reg No	53139685A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81176253
Alternative Phone No	OFFICE-81176253

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BE6SRDEA
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5061439179-05
Cover Note Number	

Driver

Name of Driver	NATESAN AYYACHAMY JACOB
NRIC No	S2655325C
Date Of Birth	15/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1997
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81176253
Fax Number	
Contact Number	OTHERS-81176253
EEmail Address	NOEMAIL

Address	BLK 23 BALAM ROAD #09-181
Postcode	370023
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	COLLIDED INTO PARKED VEHICLE
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

PLS REFER TO THE ATTACHED STATEMENT.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NGIM CHOON HUAT
NRIC/Passport Number	S1707234Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

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

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

Sketch Plan #2

SKETCH PLAN

— Pls Refer to the Attached —

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

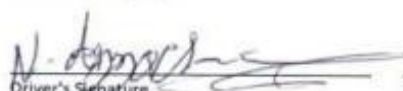
— Pls Refer to the Attached —

DECLARATION

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

Policyholder's Signature
Date & Time:

40-R0002 SketchPlanForm V3


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

24/5/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Place of Incident

Bok Seng

No: 5 Tuas Avenue 3

1 & 2 - Forklift.

85 Logistics Hub

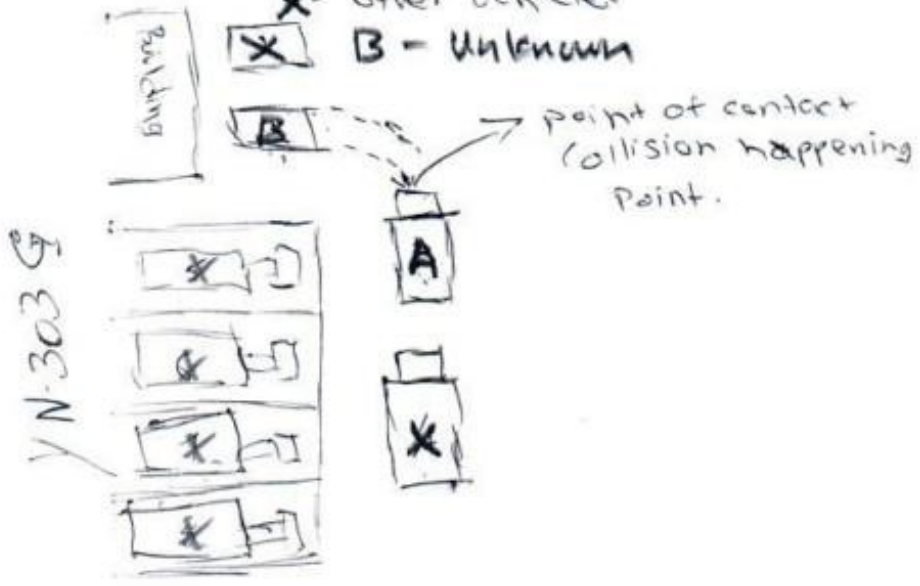
5, 6, 7, 8 - Trailers parked

(S 639405)

A - ~~YN303G~~

X - other vehicle.

B - Unknown



PRINT LOGIN REGISTER

<https://www.jurongportonline.com/admin/gcbai/index.jsp>

Place of Incident

~~Beck~~ Seng
No. 5 Tuas Avenue 3
85 Logistics Hub
(S) 639 405.

Time ^{of date} of Incident

^{PM}
1.00 - 1.05 PM / 24 PS/19

Person involved

NGIM CHOUN HUAT
S17072342
BIR 420 ANG MO KZO AVE 10
#09-1115 (S) 560 420

Details of Incident

Vehicle YN 303 ^{driven by S28553250 NA Jacob} G, was parked at the place of incident at the above mentioned time to load item. Then the forklift driver started the ~~fork~~ forklift to load the items. He then reversed and made a sharp left turn while reversing. He did not notice the my vehicle parked behind and came to collide with the vehicle's front at quite a speed. The collision made several dents and breakage of signage (FUS(G)) and YN 303 (G).

Sketch Plan #5

TP - Boss Details



Bok Seng Logistics Pte Ltd
No. 5 Tuas Avenue 3
BS Logistics Hub
Singapore 639405
Tel : (65) 6416 1999
DID : (65) 6416 1974
Fax : (65) 6897 9182

A. Shanmuganathan
Assistant General Manager, Warehousing
Mobile: (65) 9271 0751
Email: nathan@bokseng-IPL.com
Website: www.bokseng-IPL.com



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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



VEHICLE NUMBER 1001041000
 A.B. PAB
 W.A.B. 5043
 THE STATE PUNYA TO
 PUNYA TO
 MAXIMUM CAPACITY 100000
 01/1/18

Addendum Sheet



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: S66550020G / GST Reg. No.: M400017735

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 : MNA119067495 Vehicle Registration No: YN3034
Name (as shown in NRIC) : NATESAN AYYALCHAMY JACOB NRIC/FIN/Passport No : S2655325C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 23 BALAM RD #09-181 Singapore(370023)
Contact (Tel) : _____ Mobile No. : 81176253
Email Address : _____
Date of Accident : 24/05/2019 Time of Accident : 13:05
Place of Accident : Buk Seng No 5 Tms Ave 3/85 Logistics Hub / 5659405
Insurance Company : NTUC

(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:

Amend third-party claim to Reporting only.

N.A. Jacob

Policyholder / Driver's Signature

Date: 26/7/19



2/yrw 31/07/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: