#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number
EMail Address

- 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 <u>truthful and accurate</u> 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

Date Of Report         01/06/2019 09:27           Date Of Accident         29/05/2019 17:30           Exact Location Of Accident         SENOKO S RD TURNING TO WOODLANDS AVE 8           Country/State of Loss         SINGAPORE           DETAILS OF OWN VEHICLE           Vehicle Registration Number         GBC4501E           Insured/Policyholder           Name Of Registered Owner         SIANG HOCK HOLDING PTE LTD           Co Reg No         -           Email Address         NOEMAIL           Mobile Phone No         OFFICE-90823269           Vehicle Particulars         SUZU           Model         -           Exact Purpose for which vehicle was being used at time of accident         WORKING           Vary out claiming under your own insurance policy for repair to your vehicle?         NO           For Papair to your vehicle?         REPORTING ONLY           Vehicle Category         COMMERCIAL VEHICLE           Insurance Company         MS FIRST CAPITAL INSURANCE LTD           Type Of Coverage         THIRD PARTY           Policy Number         D-19093226MFCV/52           Cover Note Number         P-19093226MFCV/52           Cover Note Number         ANIMUTHU PALANICHAMY           NRIC No         G3157775L		ACCIDENT STATEMENT
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Occupation OUTDOOR Date Of Driving Pass 05/05/2016	NRIC No	G3157775L
Date Of Driving Pass 05/05/2016	Date Of Birth	01/06/1991
Date Of Driving Pass 05/05/2016	Occupation	OUTDOOR
Driving Experience 3 YEARS AND 0 MONTHS	Date Of Driving Pass	05/05/2016
	Driving Experience	3 YEARS AND 0 MONTHS

MALE

**NOEMAIL** 

(LOCAL) +65-84570180

Address NO 25 WOODLANDS IND PARK E1 #04-03

Postcode 757743

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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?

YES

Was any other material or property damaged? 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** 

PLEASE REFER TO 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

GZ8583L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

#### 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
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- 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
- 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)

Lunderstand, 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 distinse 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)
  - (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 enquines 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")
- 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 Purposek, and
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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

Palicyholder's Signature Date & Time

(If driver is not the policyholder) Date & Time

Reporting Centre Personnel's Signature

NRIC/FIN NO.

#### **Accident Sketch Plan**

RIBE CIRCUMSTANCES OF THE ACCIDENT  Please Refer to Statem	F= GBC450[E F= GZ 7583].
RIBE CIRCUMSTANCES OF THE ACCIDENT	= G2 75831.
RIBE CIRCUMSTANCES OF THE ACCIDENT	F GB 75831.
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RIBE CIRCUMSTANCES OF THE ACCIDENT	= 68 4501E = 62 75731.
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me: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.	From Standard Standard

#### **Accident Sketch Plan**

I WAS TRAVELLING ALONG SENOKO S RD AT THE SLIP RD TURNING TO WOODLANDS AVE 8, VEH B WHICH WAS INFRONT OF ME SUDDENLY JAMMED BRAKE AND THE VEH WAS HALF BODY OUT FROM THE GIVE WAY LINE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR PORTION.



























