

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	22/05/2019 12:39
Date Of Accident	22/05/2019 02:00
Exact Location Of Accident	DROP OFF POINT AT SHANGRILA HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ5767T
Insured/Policyholder	
Name Of Registered Owner	S.R.DISTRIBUTION SERVICES PTE LTD
Co Reg No	200606335N
Email Address	SRDIS@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65472070
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
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	5065920920-04
Cover Note Number	
Driver	
Name of Driver	ABDUL KARIM S/O ABDUL LATIF
NRIC No	S7809515F
Date Of Birth	06/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2002
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87150681
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 21 HOUGANGA AVENUE 3 #07-245
Postcode 530021
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF 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) 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

REFER TO BELOW STATEMENT/SKETCH PLAN:

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 Witness 1

Name SULAIMAN
Phone Number 90187916
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7204R
Vehicle Make/Model/Colour TOYOTA PRIUS 5DR HATCHBACK (AUTO)
Details Of Properties
Vehicle Category TAXI
Name of Driver ONG KIW BOK
NRIC/Passport Number S1424887J
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

LEFT HAND SIDE

2

NAME: :

GENDER: :

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.
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.

S.A. DISTRICT OFFICE
35 TANNERY ROAD
#07-10C TANNERY BLOCK
RUBY INDUSTRIAL COMPLEX
SINGAPORE 347740
TEL: 6547 2070/112 FAX: 6749 1819
Email: sa@singnet.com.sg
Company Director: Mr. S. M. MARSEEN

S.A. DISTRICT OFFICE
35 TANNERY ROAD
#07-10C TANNERY BLOCK
RUBY INDUSTRIAL COMPLEX
SINGAPORE 347740
TEL: 6547 2070/112 FAX: 6749 1819
Email: sa@singnet.com.sg
Company Director: Mr. S. M. MARSEEN

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

22 MAY 2019

IDAC KAKI BUKIT (VAC)

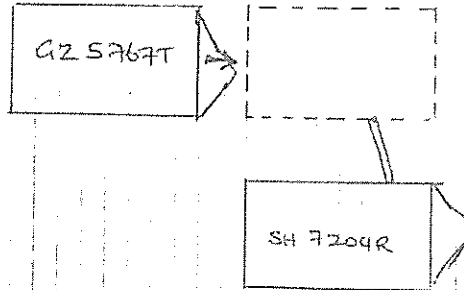
Reporting Centre: 23 Kaki Bukit Lane 4
Name: Singapore 415933
NRIC/TEL: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Sketch Plan #2 Pg. 1

SKETCH PLAN

SHANGRILA HOTEL (ORIGINAL)
DROP-OFF POINT

ROAD
KERB



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I PARKED MY VAN BY THE DROP OFF OF SHANGRILA HOTEL TO DELIVER NEWSPAPER. AFTER DROPPING OFF, I HAD TO MOVE TO OTHER DROP OFF ^{WHEN} I REALISED THERE IS A TAXI PARKED IN THE MIDDLE OF THE ROADSIDE I WAITED FOR A WHILE FOR THE TAXI TO DRIVE OFF BUT IT WAS QUITE A WHILE. SO I DECIDED TO MOVE FORWARD SLOWLY PASSING THROUGH IN ORDER TO MAKE MY WAY OUT. WHILE I WAS MOVING, SUDDENLY I HEARD A LOUD AND KNOCK FROM DRIVER SIDE. A PASSENGER FROM THE TAXI OPENED HIS SIDE OF DOOR SO FAST AND HIT THE SIDE OF MY COMPANY VAN. THE PASSENGER DID NOT CHECK BEFORE OPENING THE DOOR AND THE TAXI DRIVER DID NOT WARN HIS PASSENGER TO CHECK HIS ^{SIDE OF} TRAFFIC BEFORE LEAVING SINCE HE THE TAXI DRIVER IS DROPPING OFF HIS PASSENGER IN THE MIDDLE OF THE ROAD.
* THIS IS DAILY ROUTINE ROUTE.
* THE PASSENGER SUSPECT TO BE DRUNK. PASSENGER'S PARTICULAR MAY BE OBTAIN FROM HOTEL
* CCTV FOOTAGE MAY BE OBTAIN FROM THE HOTEL SECURITY, SULLAIMAN 9018 7916
* TAXI DRIVER IS A RELIEF DRIVER
* INCIDENT HAPPEN ON 22 ND MAY 2019 @ 0245H
* FRONT PASSENGER SIDE BESIDE THE DRIVER.

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:

22 MAY 2019

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Signature

Names

NRIC/ID NO

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg