### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/06/2019 15:26
Date Of Accident	07/06/2019 13:30
Exact Location Of Accident	MAGAZINE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC6806M
Insured/Policyholder	
Name Of Registered Owner	MAKOTO-YA (S) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67413511
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0000685
Cover Note Number	-
Driver	
Name of Driver	TAN KWANG HUAT (CHEN GUANGFA)
NRIC No	S7348392A
Date Of Birth	27/12/1973
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2002
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97768775
Fax Number	

NOEMAIL

BLK 538 WOODLANDS DRIVE 16 #10-151 Address

Postcode 730538

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 **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

1

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

### **Circumstances of Accident**

WHILE SLOWLY MOVING OUT FROM THE CARPARK LOT, SUDDENLY VEH B (BEARING NO PA8345H) COME FROM MY RIGHT SIDE AND GRAZED ONTO MY VEH FRONT PORTION.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number PA8345H

Vehicle Make/Model/Colour

**Details Of Properties** 

BUS Vehicle Category

Name of Driver ANG CHIOK HENG

NRIC/Passport Number S1166662J

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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### 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)
  - (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

requirements under any regulations, laws or court orders. MAKOTO-YA (S) PTE LTD

> Policyholder's Signature Date & Time:

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Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

### **Accident Sketch Plan**

	12 7		A= 580 680611
	E		E = PA 2345 H.
	I A I	Magazine	R.J.
DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT		
Please	Refer	to Stat	ement
		10 3646	CONTON
		(4)	
		/	
OTO-YA (S) PT	TE LTD		
DTO-YA (S) PT DECLARATION I/We declare the foregoin	TE LTD g particulars are true in every r	espect.	

Date & Time:

NRIC/FIN No.:

### **DRIVING DOC**







3454401

描

- S7348392A

09-01-2004

APT BLK 538 WOODLANDS DRIVE 16 #10-151 SINGAPORE 730538

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

CFFECTIVE DATE

ass 26 Multiproycles =< 200 to 201 Mar 20 Ma

Class 4 Mater returnes which are constructed to carry lead or passengers and the unlader weight > 2500kg Motor vehicles which are not constructed to make a confident weight < 750kg

Class 5 Motor vehicles not constructed to carry any load and the unlader, weight > 7250kg

29 Feb 2005

B REBUIES!

387.42.jA















**Accident Photo** 













