

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	05/08/2019 11:47
Date Of Accident	03/08/2019 13:45
Exact Location Of Accident	QUEENSWAY (ENTRANCE OF MCDONALD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE502T
Insured/Policyholder	
Name Of Registered Owner	CASKET FAIRPRICE PTE LTD
Co Reg No	201415069M
Email Address	ENQUIRY@CASKETFAIRPRICE.COM
Mobile Phone No	(LOCAL) +65-96498442
Alternative Phone No	OFFICE-64559909

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5108562264 (COMP)
Cover Note Number	

Driver

Name of Driver	OOI YEOW SIANG, JOSEPH
NRIC No	S7800797D
Date Of Birth	10/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2002
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96498442
Fax Number	
Contact Number	OTHERS-91503518
EMail Address	ENQUIRY@CASKETFAIRPRICE.COM

Address	BLK 414 SERANGOON CENTRAL #06-369
Postcode	550414
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	CHAIN COLLISION
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	3
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: : CHEONG 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 STRAIGHT ALONG QUEENSWAY. THE VEHICLE GBJ 9188G TRAVELLING IN FRONT OF ME SUDDENLY BRAKE. I TOO APPLIED BRAKE AND CAME TO A STOPPED. SUDDENLY A VEHICLE SLQ 5982B CAME FROM BEHIND AND COLLIDED INTO THE REAR OF MY STATIONARY VEHICLE. THE IMPACT CAUSED MY VEHICLE TO MOVE FORWARD CAUSING THE FRONT PORTION OF MY VEHICLE TO HIT ONTO THE REAR OF VEHICLE GBJ 9188G. (ATTENDED BY CHRISTINA)

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	SLQ5982B
Vehicle Make/Model/Colour	NISSAN X-TRAIL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BONG SHIAN BUN
NRIC/Passport Number	S2590611Z
Contact Number	96740300
Address	10B BRADDELL HLL #19-07
Postcode	579721

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: : UNKNOWN
GENDER: : FEMALE

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBJ9188G
Vehicle Make/Model/Colour MERCEDES VITO 114
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver TOH CHEE HAO, ROGER
NRIC/Passport Number S7929688J
Contact Number 86706126
Address BLK 315A AMK ST 31 #09-329
Postcode 562315
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: : UNKNOWN
GENDER: : MALE

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)**

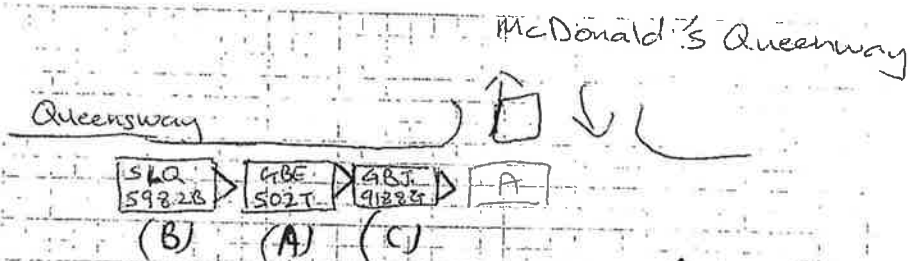
I understand, acknowledge, agree and consent that:

- (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.

<p>Policyholder's Signature _____</p> <p>Date & Time: _____</p>	<p>Driver's Signature _____</p> <p>(If driver is not the policyholder)</p> <p>Date & Time: _____</p>	<p>Reporting Centre Personnel's Signature _____</p> <p>Name: _____</p> <p>NRIC/FIN No.: _____</p>
---	--	---

Sketch Plan #2 Pg. 1

SKETCH PLAN



A - GBE 502T
B - SLQ 5982B
C - GBJ 9188G
DOA - 3/8/19

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

DECLARATION

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

03 AUG 2019

(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.: