

## 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	20/08/2019 10:30
Date Of Accident	19/08/2019 21:00
Exact Location Of Accident	BEDOK NORTH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE643J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOIL-BUILD (PTE) LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96173320

### Vehicle Particulars

Manufacturer	SCANIA
Model	P400
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110168051900
Cover Note Number	-

### Driver

Name of Driver	NG KIM THYE
NRIC No	S6826616E
Date Of Birth	21/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	04/12/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94529632
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 217B COMPASSVALE DR #16-604
Postcode	542217
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	SIDE SWIPE
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?	
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)	25
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : MALE
Passenger 6	NAME: : UNKNOWN GENDER: : MALE
Passenger 7	NAME: : UNKNOWN GENDER: : MALE
Passenger 8	NAME: : UNKNOWN GENDER: : MALE
Passenger 9	NAME: : UNKNOWN GENDER: : MALE
Passenger 10	NAME: : UNKNOWN GENDER: : MALE

Passenger 11	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 12	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 13	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 14	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 15	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 16	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 17	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 18	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 19	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 20	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 21	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 22	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 23	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 24	NAME: : UNKNOWN
	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 TRAVELLING ALONG BEDOK NORTH RD ON THE CENTER LANE, I TURN ON MY LEFT INDICATOR AND CHECK ON MY LEFT LANE WAS CLEAR THEN I SLOWLY FILTERING INTO LEFT LANE, SUDDENLY MY WORKER TOLD ME GOT VEH COME FROM THE LEFT LANE, I QUICKLY SWERVED BACK TO CENTER LANE THEN I HEARD A HORN SOUND FROM THE OTHER VEH, AFTER THE INCIDENT, I REALIZED VEH B COME FROM THE LEFT LANE WITHOUT GIVE WAY TO ME, AS THE RESULT, MY LORRY ACCIDENTALLY GRAZED ONTO VEH B RIGHT REAR PORTION. MY LORRY NOT DAMAGE AT ALL.

#### Attachment(s)

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

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH9815Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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

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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.



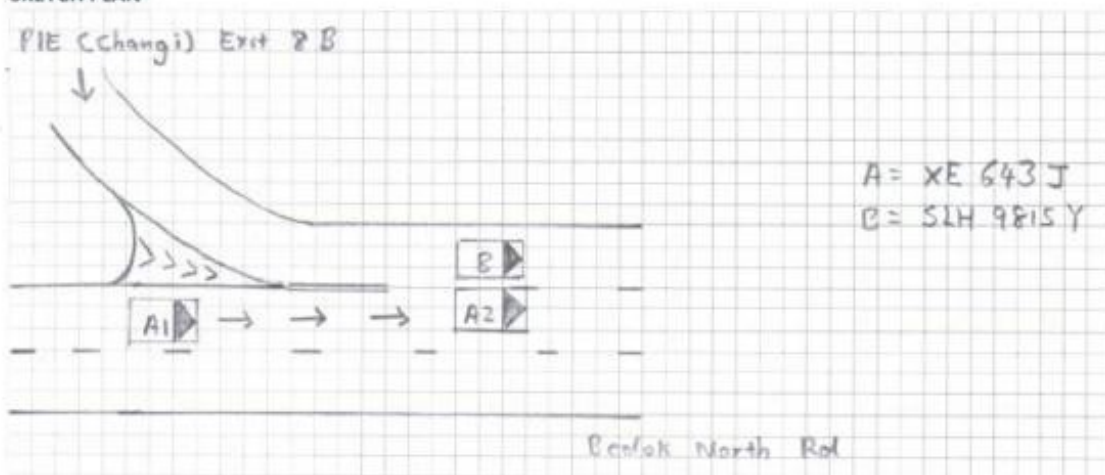
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## 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:

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

## Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6826616E



Name  
NG KIM THYE

Race  
CHINESE

Date of birth  
21-08-1968

Country of birth  
SINGAPORE

Sex  
M

3457483

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S6826616E

Name  
NG KIM THYE

Birth Date 21 Aug 1968

Issue Date 29 Mar 2006

001409486J

3457483



NRIC No. S6826616E



Date of issue  
29-12-2003

APT BLK 217B COMPASSVALE DRIVE #18-804  
SINGAPORE 542217

NRIC No. S6826616E Date 30/10/2016

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE CLASS	ISSUE DATE
Class 1	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 12500 kg	29 Mar 2006
Class 4	Heavy motor cars and motor tractors > 2500 kg	03 Nov 2007
Class 5	Motor vehicles > 7200 kg not constructed to carry any load	04 Dec 2006

S6826616E

S/No. 9000104261

NP 422A

License No. S6826616E



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





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Accident Photo



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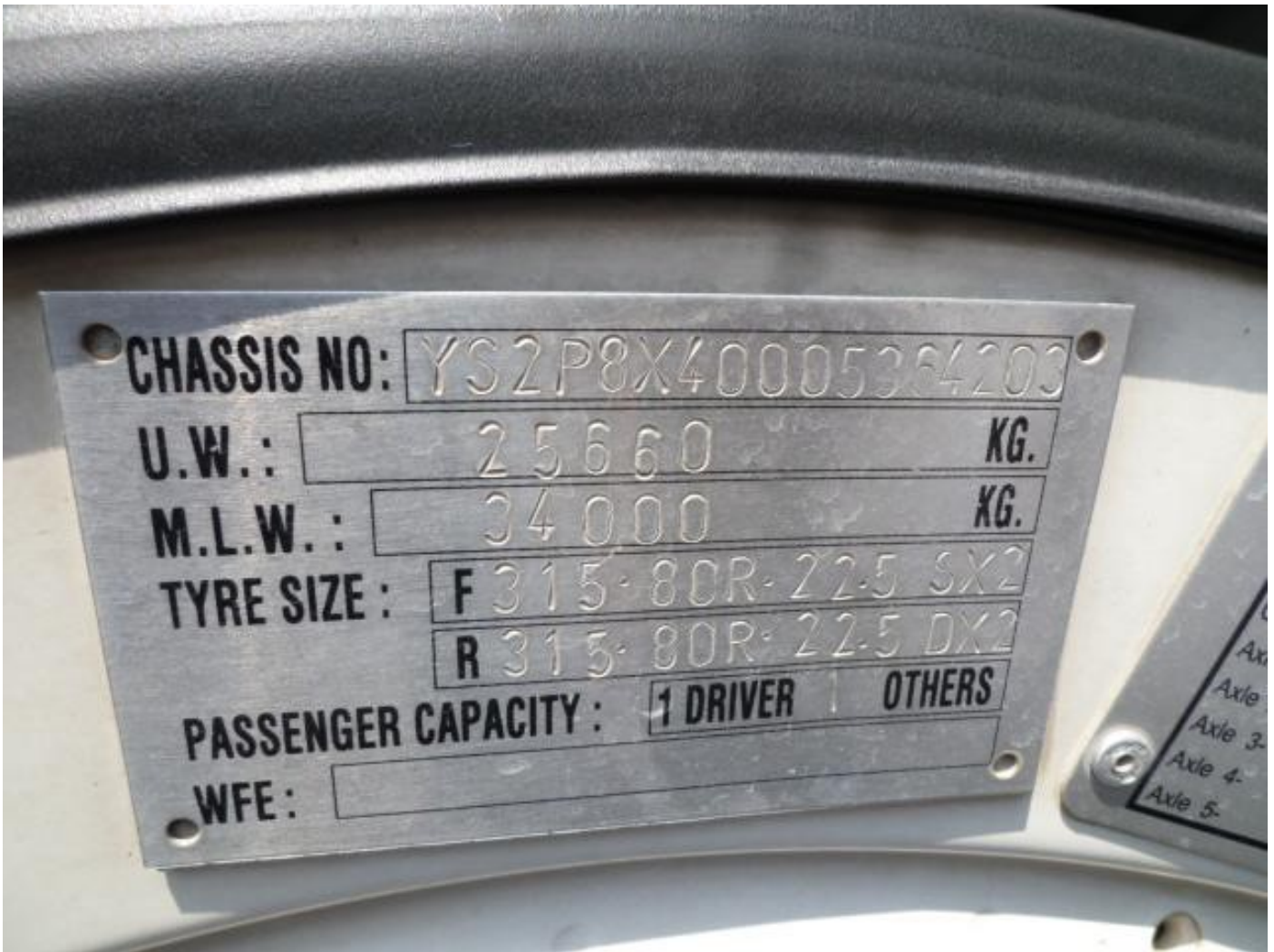


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