

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	15/08/2019 16:44
Date Of Accident	15/08/2019 16:00
Exact Location Of Accident	UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2974X
Insured/Policyholder	
Name Of Registered Owner	YONG LEE SENG HOLDINGS PTE LTD
Co Reg No	200706236N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68417757

Vehicle Particulars

Manufacturer	NISSAN
Model	NP300 NAVARA D/CAB 6MT
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	YES
Policy Number	5068488358-04
Cover Note Number	

Driver

Name of Driver	NG WEE SIONG(HUANG WEIXIONG)
NRIC No	S7126805E
Date Of Birth	04/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1989
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92354286
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 917 HOUGANG AVENUE 09 #12-28
 Postcode 530917
 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 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? 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) 3

Passenger 1 NAME: : ZEEMAN
 GENDER: : MALE
 Passenger 2 NAME: : SOH EL
 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

REFER TO BELOW STATEMENT/SKETCH PLAN ATTACHED;

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

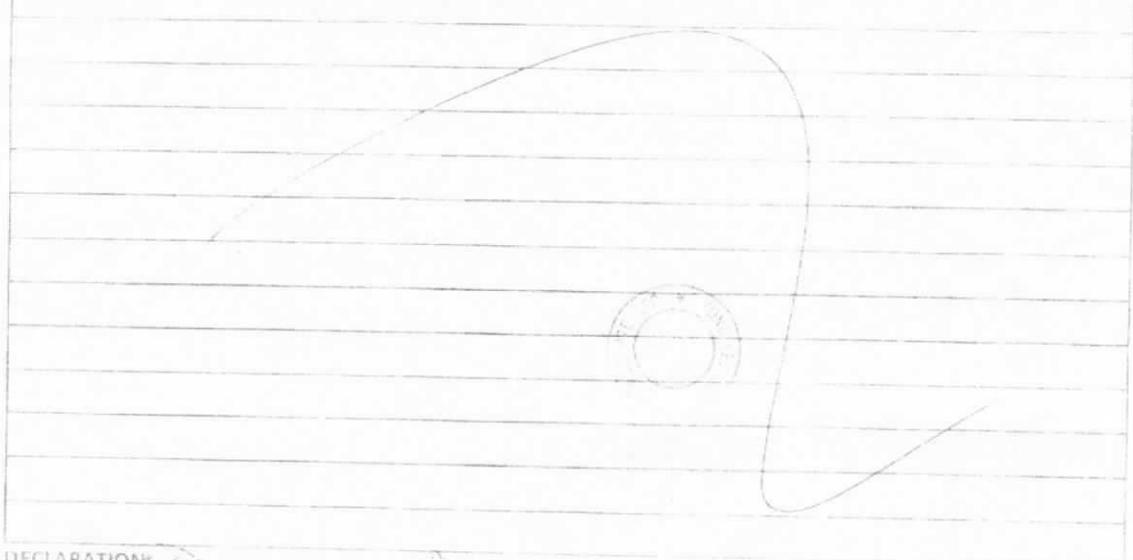
Vehicle Registration Number SLV4583A
 Vehicle Make/Model/Colour MAZDA / MAZDA3 SEDAN 1.5 AT EU6
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/8/19 @ 1602, after making a U turn at Upper Chang Road East, vehicle SLV 4583A coming out of the slip road without stopping hit onto vehicle GBF 2974X.



DECLARATION

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

Declarant's Signature
Date & Time

Driver's Signature
Date & Time

[Signature]
15/8/19

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: varkb@singnet.com.sg

SKETCH PLAN



IMPORTANT NOTICE

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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 (Lawyer/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 investigation or 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 lawyer/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 insurer and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulator, 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

IDAC KAKI BUKIT (VAC)
 23 KAKI BUKIT AVE 4
 Singapore 415933
 Name: _____
 Reporting Time: _____
 NRIC: _____
 Tel: 67416697 Fax: 67492305
 Email: yqskb@singnet.com.sg

2019

Handwritten signatures and dates:
 N. W. S. 15/8/19
 15/8/19