

## 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	10/09/2019 16:40
Date Of Accident	09/09/2019 19:30
Exact Location Of Accident	ALONG WOODLANDS AVENUE 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6445R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAN TRAVEL & EDUCATIONAL TOURS SERVICES
Co Reg No	52932455E
Email Address	YUANSAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90615933
Alternative Phone No	OFFICE-90615933

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN 3.0 M
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME AFTER WORK
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5031633356-10
Cover Note Number	

### Driver

Name of Driver	MOHD LATIFF BIN ISMAIL
NRIC No	S1365038A
Date Of Birth	27/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	13/05/1998
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96309274
Fax Number	
Contact Number	OTHERS-96309274
Email Address	YUANSAN@HOTMAIL.COM

Address	BLK 785A WOODLANDS RISE #03-106
Postcode	731785
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
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

PLEASE REFER TO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP7814S
Vehicle Make/Model/Colour	TOW TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HARVINDER PAL SINGH
NRIC/Passport Number	G8188545T
Contact Number	83000989
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD942L
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Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIN LIXIN
NRIC/Passport Number	S6978116J
Contact Number	97802705
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	MOHD LATIFF BIN ISMAIL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PA6445R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan


### SKETCH PLAN

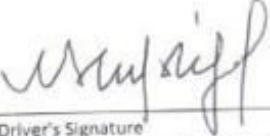
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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) 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: 10/9/2019 4:52a

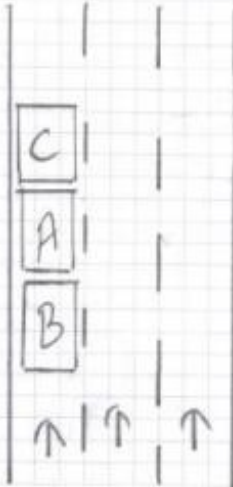
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10.09.2019

  
Reporting Centre Personnel's Signature  
Name: Rosdi Watan  
NRIC/FIN No.: 101091209

## Sketch Plan #2

### SKETCH PLAN

Along WOODLANDS AVENUE 12.



A) PA 644SR

B) YP 7814S - Tow Truck


C) GBD 942L

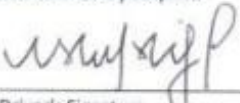
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As the front vehicle slowing down, I'm slowing down with the traffic flow. Suddenly the tow truck hit the back of my vehicle, as the impact was very great my vehicle was forced to hit the front vehicle.

### DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 10/9/2019 4:58 PM

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 10.09.2019

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

Accident Photo





Accident Photo



Accident Photo





Accident Photo



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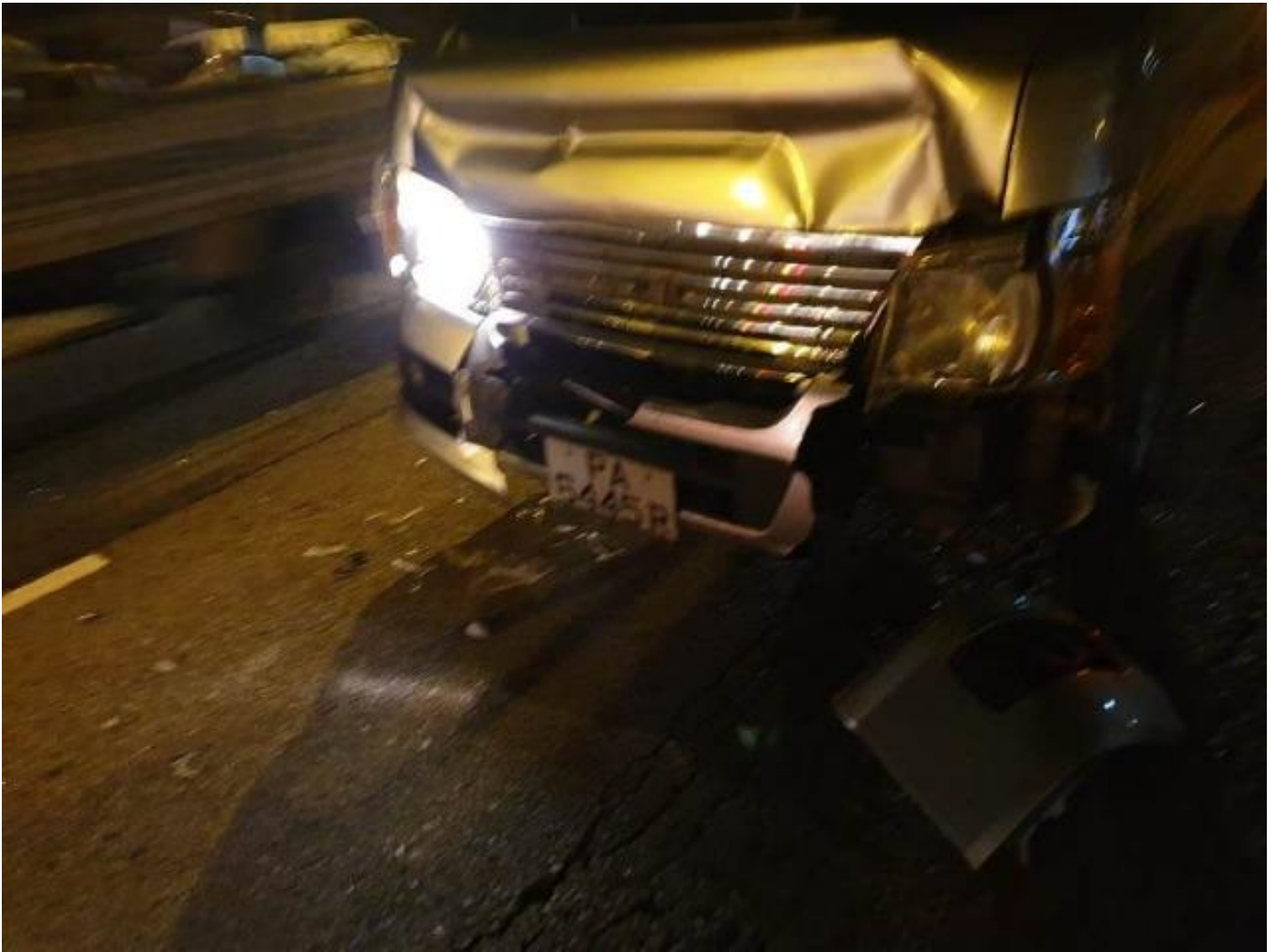
Accident Photo



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Accident Photo





Accident Photo



Accident Photo

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**AUTOGEXPORT & EPZ PTE. LTD.**

 Name:  
**HARVINDER PAL SINGH**

S Pass No:  
**0 34146096** Sector:  
**SERVICE**

 **K1348679**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G8188545T**  
Name:  
**HARVINDER PAL SINGH**

Birth Date: **14 Apr 1969**  
Issue Date: **18 Jan 2016**  
Valid Till: **16/02/2021**

 **002519698E**

Accident Photo



Accident Photo





Accident Photo



**VISIT PASS**  
Immigration Regulations

18-04-2019

Name  
**HARVINDER PAL SINGH**

FIN  
**G8188545T**

Date of Birth  
**14-04-1969**

Sex  
**M**

Nationality  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status





YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)**

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	17 Feb 2011
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	17 Feb 2011
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	19 Sep 2011
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg and the unladen weight > 7250kg	04 Nov 2011

Licence No: G8188545T



NP 428A

Accident Photo

