

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	01/10/2019 10:52
Date Of Accident	01/10/2019 05:30
Exact Location Of Accident	ORCHARD RD TURNING TO SLIP RD OF MOUNT ELIZABETH H
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1275L
Insured/Policyholder	
Name Of Registered Owner	COMMUTOR - PLUS EXPRESS PTE LTD
Co Reg No	52807178E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90691234
Alternative Phone No	OFFICE-90691234

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D HIGH-ROOF 14 SEATER (A)
Exact Purpose for which vehicle was being used at time of accident	
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084957714-02
Cover Note Number	

Driver

Name of Driver	ONG CHIN HUAT
NRIC No	S1434105F
Date Of Birth	24/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	13/01/1987
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82889710
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 856 TAMPINES STREET 82 #04-279 SINGAPORE 520856
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EMPLOYER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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

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 (VEH A) WAS TRAVELLING ALONG ORCHARD RD. WHEN I TURNING TO SLIP ROAD OF MOUNT ELIZABETH HOSPITAL. SUDDENLY A VEH B CAME FROM MY BEHIND WITH FAST SPEED AND CAUSED VEH B'S FRONT PORTION HIT ONTO MY VEH A'S REAR PORTION. NOBOSY INJURY. THAT'S ALL

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	SJY7504S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BRYAN CHUA EN KIAT
NRIC/Passport Number	S9431215I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

 Policyholder's Signature Date & Time: 01 OCT 2019	 Driver's Signature (If driver is not the policyholder) Date & Time: 01 OCT 2019	 Reporting Centre Personnel's Signature Name: Yenus Lee NRIC/FIN No.: S7988991A
--	---	---

Sketch Plan #2 Pg. 1

SKETCH PLAN

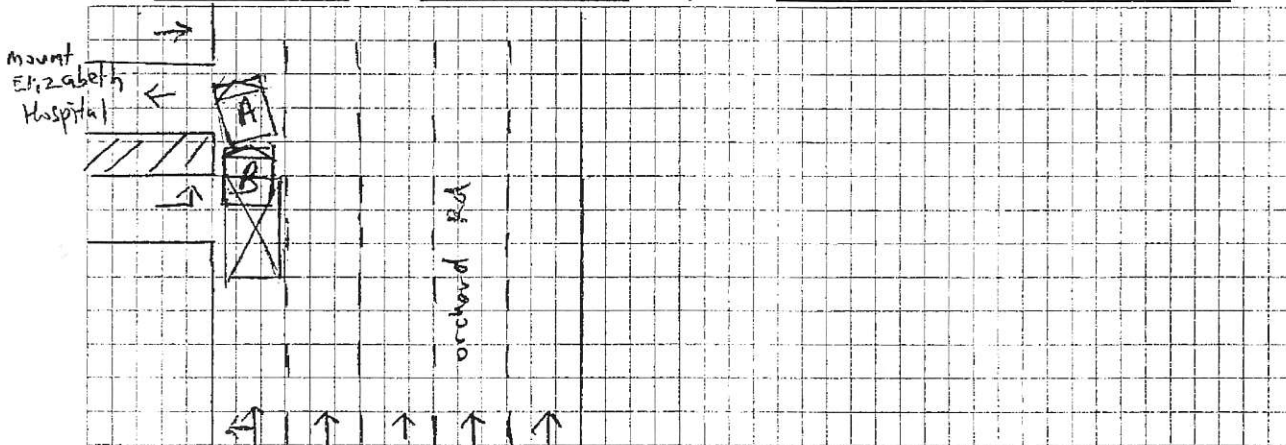
Date & Time of Accident: 01.10.2019 / 0530hrs

Location: Orchard Rd turning to Mount Elizabeth Hospital

Veh A: PC1275L

Veh B: SJY 7504S

Veh C/Others:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I (Veh A) was travelling along Orchard Rd. When I turning to Slip Road of Mount Elizabeth Hospital. Suddenly a veh B came from my behind with fast speed and caused. Veh B's front portion hit onto my veh A's rear portion. Nobody injured. That's All

☐ Own Damage Claim at Lim Tan Motor ☐ TP Claim at Lim Tan Motor
☐ Own Damage Claim at Other Workshop ☒ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : _____

My/Our email : _____

DECLARATION

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

COMMUTER-PLUS EXPRESS

Policyholder's Signature Date & Time: 01 OCT 2019

GIARMC SketchPlanForm_V3

Driver's Signature (If driver is not the policyholder) Date & Time: 01 OCT 2019

Reporting Centre Personnel's Signature Name: Venus Lee NRIC/FIN No.: S7583991A