SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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	ACCIDENT STATEMENT
Date Of Report	23/10/2019 16:47
Date Of Accident	12/07/2019 15:20
Exact Location Of Accident	PAYA LEBAR RD TWDS GUILLEMARD RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF6718T
Insured/Policyholder	
Name Of Registered Owner	GB MARKETING
Co Reg No	53046139X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96751105
Alternative Phone No	OFFICE-96751105
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	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	5087656992-02
Cover Note Number	
Driver	
Name of Driver	TANG WAI CHOON
NRIC No	S1061205E
Date Of Birth	23/06/1947

OUTDOOR

15/11/1978

MALE

40 YEARS AND 7 MONTHS

(LOCAL) +65-96751105

OFFICE-96751105

NOEMAIL

Address BLK 20 TELOK BLANGAH CRESCENT

#09-70

Postcode 090020

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

2

YES

NO

1

NO

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB321J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

Accident Sketch Plan

SKETCH PLAN

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- 1. Consert under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and concent that:

- (a) My liteurer, 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:
 - (1) processing, handling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the actident and/or my claims:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (by) administrating my claims (including the malling of correspondence, statements, invoices, roports 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
 - (x) complying with applicable law in establisheding, processing, handling and/or dealing with any claims.(collectively the "Purposes")
- (2) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/law firms, may/are parrelted to collect, use, disdase and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/ran be disclosed by any of the insurers and/or GIA to their third party service providers on agents (including their lawyars/ aw Strms), which may be sited outside of Singapore, for one or more of the chove Purposes.
- (a) my Pemeral Information will also be collected and used to compile claims history for the purpose of freud detection, measuigntien and mariag ament in present and all future claims
- (a) the information so collected under (b) shows that be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing freud, regulators, law enforcement and government agandes as reasonably required for the purposes stated, or
 - (2) for complying with requirements under any regulations, laws or court orders.

GB MARKETING Blk 1002 Toa Payoh Ind. Park

#06-1417 Singapore 319074 Tel: 8288:6723; Fax: 6259 2085 Date & Time:

Orlver's Signatu e policyholder) (If driver is not)

Date & Time:

Reporting Centre Persy nel's Signature

NAIC/FIN No.:

Accident Sketch Plan

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