SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. In a Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withologing of material facts may allow insurance compenies 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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Date Of Report 26/11/2019 16:03 Date Of Accident 25/11/2019 15:15

Exact Location Of Accident DUNEARN RD & JLN KG CHANTEK INTERSECTION

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ8192A

Insured/Policyholder

Name Of Registered Owner PITNEY ENTERPRISE PTE LTD

Co Reg No 197401869N Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-82283833 Alternative Phone No. OFFICE-86960756

Vehicle Particulars

Manufacturer TOYOTA

Model DYNA 150-3.0 D 5MT (M)

Exact Purpose for which vehicle was being used at WORK

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY GOODS VEHICLE

Insurance Company

Vehicle Category

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5112221883

Cover Note Number

Driver

Name of Driver SELLAKKANNU MUNIYANDI

Passport No/FIN G2790779U Date Of Birth 13/05/1993 Occupation OUTDOOR Date Of Driving Pass 21/03/2018

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number +65-86960756

Fax Number Contact Number

EMail Address NOEMAIL Add ess

NA

Postcode

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

30

Insurance Company of Driver's Own Vehicle

+

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

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.

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: NA

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 DRIVING STRAIGHT ON LANE 3 ALONG DUNEARN RD TOWARDS CITY. SUDDENLY VEHICLE B MADE A SUDDEN LEFT TURN INTO JALAN KG CHANTEK. IT WAS TOO SUDDEN THAT I COULD NOT REACT IN TIME AND COLLIDED ONTO VEHICLE B LEFT REAR PORTION.

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

SHC1717Z

Vehicle Make/Model/Colour

TAXI / BLUE

Details Of Properties

Vehicle Category

TAXI

Name of Driver

AHMAD MURAD BIN MUNAJAT

NRIC/Passport Number

S1647854G

Contact Number

96698784

Address

Postcode

Insurance Company Name

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- 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 .
 - 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:
 - 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:

olicyholder) 26 (11 (5 Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

N IN DE

Durann Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight an lane 3 along Dunearn
I was driving straight an lane 3 along Dunearn Rd towards city. Suddenly vehicle B' made a Sudden left turn into Jalan kg. Chantek It was
Sudden left turn into Jalan kg. Chantek It was
too Sudden that I could not react in time and
Collided auto vehils left rear portion.

DECLARATION

I/We declar the egoing particulars are true in every respect.

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

Date & Time:

26/11/19

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