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Owner / Driver: (			Tel:	)	
Policy No: ( ) Peri	od: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
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# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

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.

DATE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	10/12/2019 15:02
Date Of Accident	10/12/2019 12:30
Exact Location Of Accident	JLN BUKIT MERAH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GV2266M
Insured/Policyholder	
Name Of Registered Owner	T.MORTHY COURIER SERVICE
Co Reg No	53051507E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97206335
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE 5 DR
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
f No, Please state action to be taken	REPORTING ONLY
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	5087561372-02
Cover Note Number	
Driver	
Name of Driver	THECHNAMORTAY S/O N R RAMASAMY
NRIC No	S0274988B
Date Of Birth	04/09/1946
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1985
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97206335
Fax Number	

NOEMAIL

Address BLK 122C SENGKANG EAST WAY #12-35

Postcode 543122

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

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

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.

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

I WAS TRAVELLING ALONG JLN BUKIT MERAH ON THE CENTER LANE, VEH B WHICH WAS INFRONT OF ME SUDDENLY BRAKE, I MANAGE TO BRAKE AND SWERVED TO LEFT BUT STILL COLLIDED ONTO VEH B REAR LEFT 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 SKK9048R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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.

T. MORTAY
COURIER SERVICE
I/C NO. 0274988-R

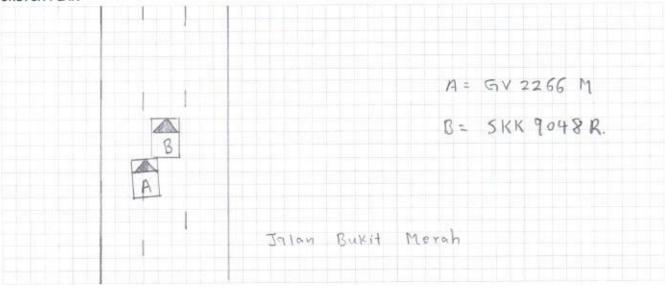
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	+0	Statement	
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# DECLARATION

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

T. MORTAY COURIER SERVICE I/C NO. 0274988-B

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

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Notice of Loss Policy No.					Date	of Accident		10/12/2019	15:00		
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5087561372- 02		T.MORTHY COURIER SERVICE	53051507E	GCV	Third Party, Fire & Theft	GV2266M	GV2266M	25/01/2019	24/01/2020
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#### Claim Handling Accident MT/1075148 GST Registration No. Vehicle No. GV2266M Policy No. 5087561372-02 Certificate No. Policyholder NRIC T.MORTHY COURIER SERVICE 53051507E Policyholder Name Third Party, Fire & Theft Product Code COMMERCIAL VEHICLE INSURA! Cover Type Loading Contact No.(Office) Contact No.(Home) Contact No.(Mobile) 97206335 Email Address Special Remark eCode No \* TCA - No Yes eCode Reason KFK: - No Yes No NCD Protection NCD Entitlement(%) 15 Private Hire Accident Details Report Date Accident Report Within 24 hrs Accident Type Collision - Head to Rear 10/12/2019 17:04 Date of Accident 10/12/2019 Time of Accident hh:mm 12:30 Country of Accident Singapore ICM No. Orange Force Reporting Centre Accident Location JUN BUKIT MERAH Excess Windscreen Excess Own damage Excess Additional Excess 0.00 Outside Singapore OD Excess Unnamed Driver Excess Outside Singapore TP Excess Third Party Excess 0.00 · Benefits GST Registered Information GST Registration Date GST Registered GST Registration No. rist Status Verified 10/12/2019 17:06:47 System changed GST Status Verified from No to Yes **Hodification History** Policyholder Mailing Address BLK 122C #12-35 Address 2 SENGKANG EAST WAY Address 3 RIVERVALE BANK Post Code 543122 SINGAPORE 543122 Address Type Singapore address Address 4 Unit No. 12-35 Related Policy Number 5087561372-03 OI Driver Info Unnamed Driver Oriver Type Driver Name Driver DOB 04/09/1946 Driver NRIC 50274988B Unnamed driver Name THECHNAMORTAY S/D N R RAM Register Date of Driver License 14/05/1985 Oriver Age 73 Driving Experience 34 Contact No.(Home) Contact No.(Office) Contact No.[Mobile] 97206335 RIVERVALE BANK Address 1 BLK 122C #12-35 Address 2 SENGKANG EAST WAY Address 3 Singapore address Post Code 543122 Address 4 SINGAPORE 543122 Unit No. 12-35 Does he own a Singapore Registered car? Driver Insurer Company Driver Vehicle No. Yes - No Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? Yes - No Modification History Claim 001 New T.MORTHY COURSER SERVICE INSURED NRIC OD-MX 530511 Contact No. NIL. Contact No.(Mobile) 10 Vehicle SKK90 Email Address GV2266M Name of Preferred Workshop Claim Description GV2266M / SKK9048R ON 10 Dec 2019 0 Preferred Workshop Spawket No. Finalisation Yes Insured Liability Fully at Fault 10/12/2019 17:07 Date Registered LIEW SHAN HUT Report Taken By Print AK letter Save Submit Attachment MT/1075148 Claim No. Accident No. Upload Date 10/12/2019 17:08 Last Doc, Received W Yes No Category \* Confidential Urgency Path \* Clear ¥ N0 \* Normal Choose File No file chosen Choose File No file chosen Clear Please Select NO Normal • NO \* Normal ٠ Clear Please Select Choose File No file chosen \* Clear Please Select \* NO \* Normal Choose File No file chosen · NO . ٠ Normal Choose File No file chosen Clear Please Select \* NO \* Please Select Choose File No file chosen Clear Message Read Attachment List

Urgency

Category

NRIC/ Driving License

Uploaded By/Date

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NRIC/ Driving License 2019-12-10

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