

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	02/12/2019 13:50
Date Of Accident	28/11/2019 17:30
Exact Location Of Accident	232 WESTWOOD AVE THE FLORAVALE S648360 BASE C/P B1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8376Y
Insured/Policyholder	
Name Of Registered Owner	MOMENTS LOFT LOGISTICS PTE LTD
Co Reg No	201829805G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98290919

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIALS UES
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	5104649000-01
Cover Note Number	

Driver

Name of Driver	SUN BO
Passport No/FIN	G3498633P
Date Of Birth	16/03/1988
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2019
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98290919
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	161 YUNG PING ROAD
Postcode	S610161
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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)	0

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 POLICE REPORT : G/20191130/2041

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	SLU9814G
Vehicle Make/Model/Colour	MAZDA / RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LI YAN
NRIC/Passport Number	S8983339F
Contact Number	90739258
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SUN BO
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Approximate Age	31
Injuries Sustain	
Injured person in which vehicle?	GBH8376Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	161 YUNG PING ROAD
Postcode	S610161

SKETCH PLAN

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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:

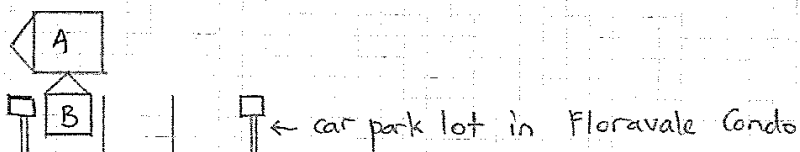
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A: GBH 8376Y

B: SLU9814G

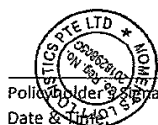


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report

DECLARATION

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



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.:



**SINGAPORE
POLICE FORCE**



G/20191130/2041

1 of 2

POLICE REPORT (NP299)

Report No. G/20191130/2041

Police Station Of Origin
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Date/Time Report Made 30/11/2019 14:40	Vide Report No.	Station Diary No. 41
Name Of Informant SUN BO	Address 161 YUNG PING ROAD SINGAPORE 610161	
ID Type / ID No. FIN NO / G3498633P	Contact No. Home/Office	Mobile 98290919
Nationality CHINESE	Email Address	
Occupation DRIVER	Sex Male	Age 31
	Date of Birth 16/03/1988	Race Chinese
Institution/School Name	Language Chinese	
Date/Time Of Incident 28/11/2019 17:30	Location Of Incident 232 WESTWOOD AVENUE THE FLORAVALE SINGAPORE 648360 Basement carpark, B1	

Brief details.

On the 28/11/2019 at 1730hrs, I went to Floravale Condominium, 232 Jurong West Avenue 5 to deliver food. I was proceeding straight along the basement carpark of the said location. All of a sudden a Red Mazda dashed out one of the parking lot without checking for blind spots, from my left hand side and obstructed my path. I sideswiped onto the front of the vehicle as I was not able to stop in time. The vehicle is red Mazda bearing "SLU9814G". I then managed to exchange particulars from the female driver. The driver is one Li Yan, Hp:90739258, ID: S8983339F. I have visited a private clinic by the name

Signature Of Officer Recording The Report: G / Staff Sgt SIVA BALAN S/O CHINNAPAN	Signature Of Informant:
Signature Of Interpreter: TEO YEOW WAH / S80096901	Date/Time: 30/11/2019 14:40
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp LAU YUN FANG Contact No.: 62447200	Classification Of Case:
Authentication Stamp 	



**SINGAPORE
POLICE FORCE**



G/20191130/2041


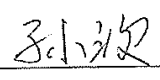



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191130/2041

of Bok Family Clinic Pte Ltd on the 28/11/2019 and was given Medical Leave for a period of 3 days (28/11/2019 to 30/11/2019). I am lodging this report to make insurance claims. I was driving silver color Toyota Hiace, GBH8376Y and my vehicle has obtained scratches throughout the left side.

Signature Of Officer Recording The Report: G / Staff Sgt SIVA BALAN S/O CHINNAPAN 	Signature Of Informant: 
Signature Of Interpreter: TEO YEOW WAH / S80096901 	Date/Time: 30/11/2019 14:40
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp LAU YUN FANG Contact No.: 62447200 	Classification Of Case:
Authentication Stamp 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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