

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	14/12/2019 14:52
Date Of Accident	13/12/2019 20:35
Exact Location Of Accident	TAMPINES ST 32 TURNING RIGHT INTO TAMPINES AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4667U
Insured/Policyholder	
Name Of Registered Owner	HARRIS CONSTRUCTION PTE LTD
Co Reg No	201612204H
Email Address	HARRISCON7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94490960
Alternative Phone No	OFFICE-94490960

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104629900-01
Cover Note Number	

Driver

Name of Driver	BRAR GURJINDER SINGH
Passport No/FIN	G8480258T
Date Of Birth	26/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94490960
Fax Number	
Contact Number	OTHERS-94490960
Email Address	HARRISCON7@GMAIL.COM

Address	S11 PUNGGOL DORMETARY
Postcode	797601
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	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
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)	30
Passenger 1	NAME: : WORKER GENDER: : MALE
Passenger 2	NAME: : WORKER GENDER: : MALE
Passenger 3	NAME: : WORKER GENDER: : MALE
Passenger 4	NAME: : WORKER GENDER: : MALE
Passenger 5	NAME: : WORKER GENDER: : MALE
Passenger 6	NAME: : WORKER GENDER: : MALE
Passenger 7	NAME: : WORKER GENDER: : MALE
Passenger 8	NAME: : WORKER GENDER: : MALE
Passenger 9	NAME: : WORKER GENDER: : MALE
Passenger 10	NAME: : WORKER GENDER: : MALE

Passenger 11	NAME: : WORKER
	GENDER: : MALE
Passenger 12	NAME: : WORKER
	GENDER: : MALE
Passenger 13	NAME: : WORKER
	GENDER: : MALE
Passenger 14	NAME: : WORKER
	GENDER: : MALE
Passenger 15	NAME: : WORKER
	GENDER: : MALE
Passenger 16	NAME: : WORKER
	GENDER: : MALE
Passenger 17	NAME: : WORKER
	GENDER: : MALE
Passenger 18	NAME: : WORKER
	GENDER: : MALE
Passenger 19	NAME: : WORKER
	GENDER: : MALE
Passenger 20	NAME: : WORKER
	GENDER: : MALE
Passenger 21	NAME: : WORKER
	GENDER: : MALE
Passenger 22	NAME: : WORKER
	GENDER: : MALE
Passenger 23	NAME: : WORKER
	GENDER: : MALE
Passenger 24	NAME: : WORKER
	GENDER: : MALE
Passenger 25	NAME: : WORKER
	GENDER: : MALE
Passenger 26	NAME: : WORKER
	GENDER: : MALE
Passenger 27	NAME: : WORKER
	GENDER: : MALE
Passenger 28	NAME: : WORKER
	GENDER: : MALE

Passenger 29

NAME: : WORKER

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

PLEASE REFER TO SKETCHPLAN

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ380B

Vehicle Make/Model/Colour MERCEDES BENZ

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver FU XINGSHENG

NRIC/Passport Number O77555536

Contact Number 81273294

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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.



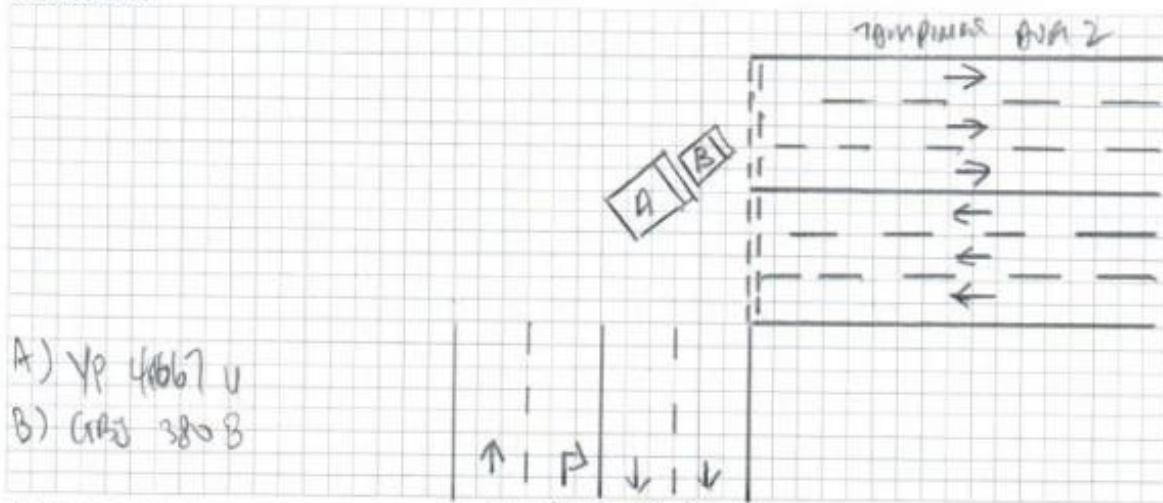
Policyholder's Signature
Date & Time:


15 14-12-2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:


14/12/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Hi, yesterday I was driving 24' Lorry to pick up my company workers to hostel from Tampines st32 turn Right to Tampines Ave-2 in front of me one B-van when he turn Right signal also Green and he move out and suddenly hard break behind my lorry also move out hit his van back left side indicator lorry lorry slip because of Raining that time and Road was wet

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

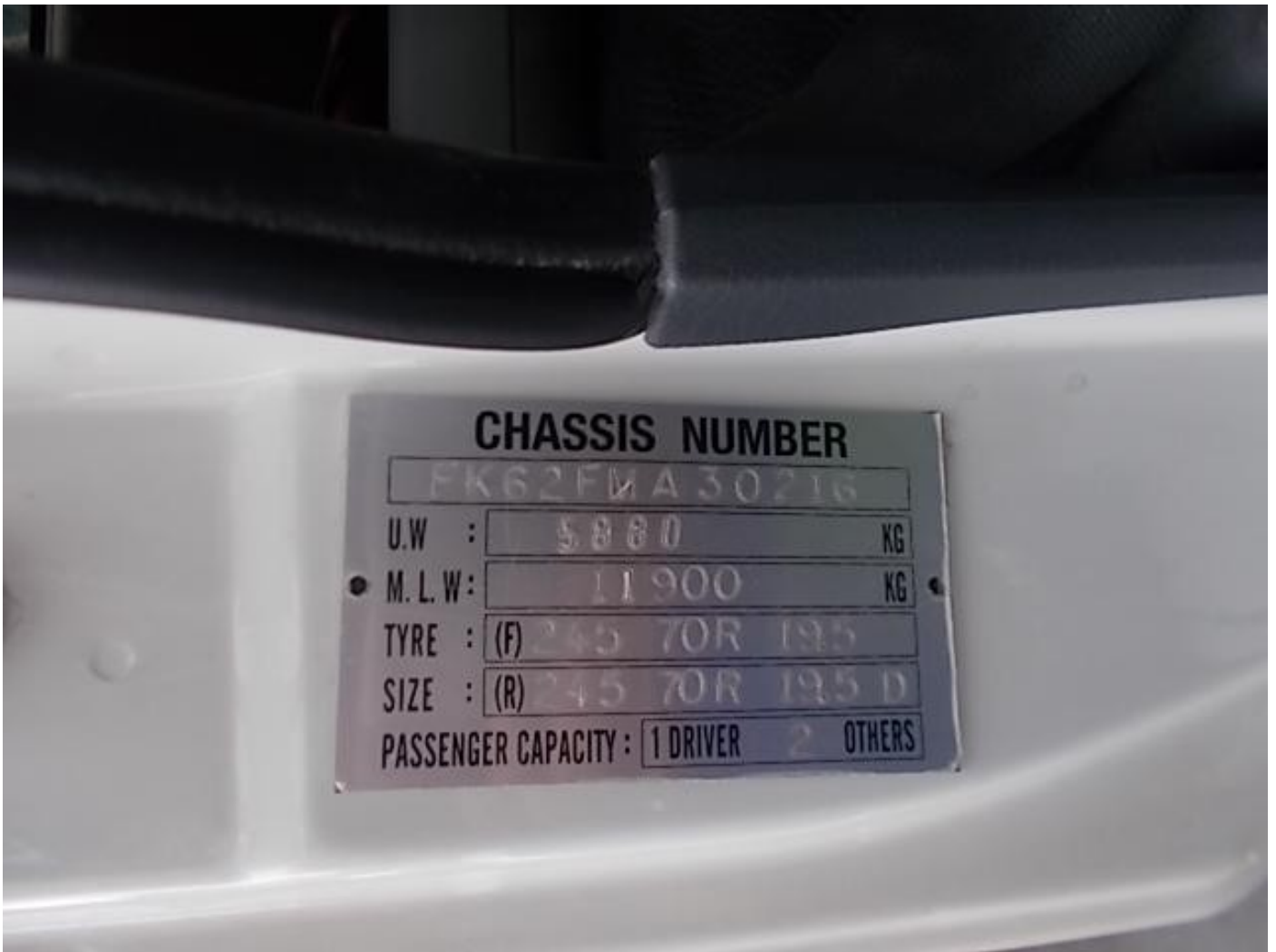


Accident Photo

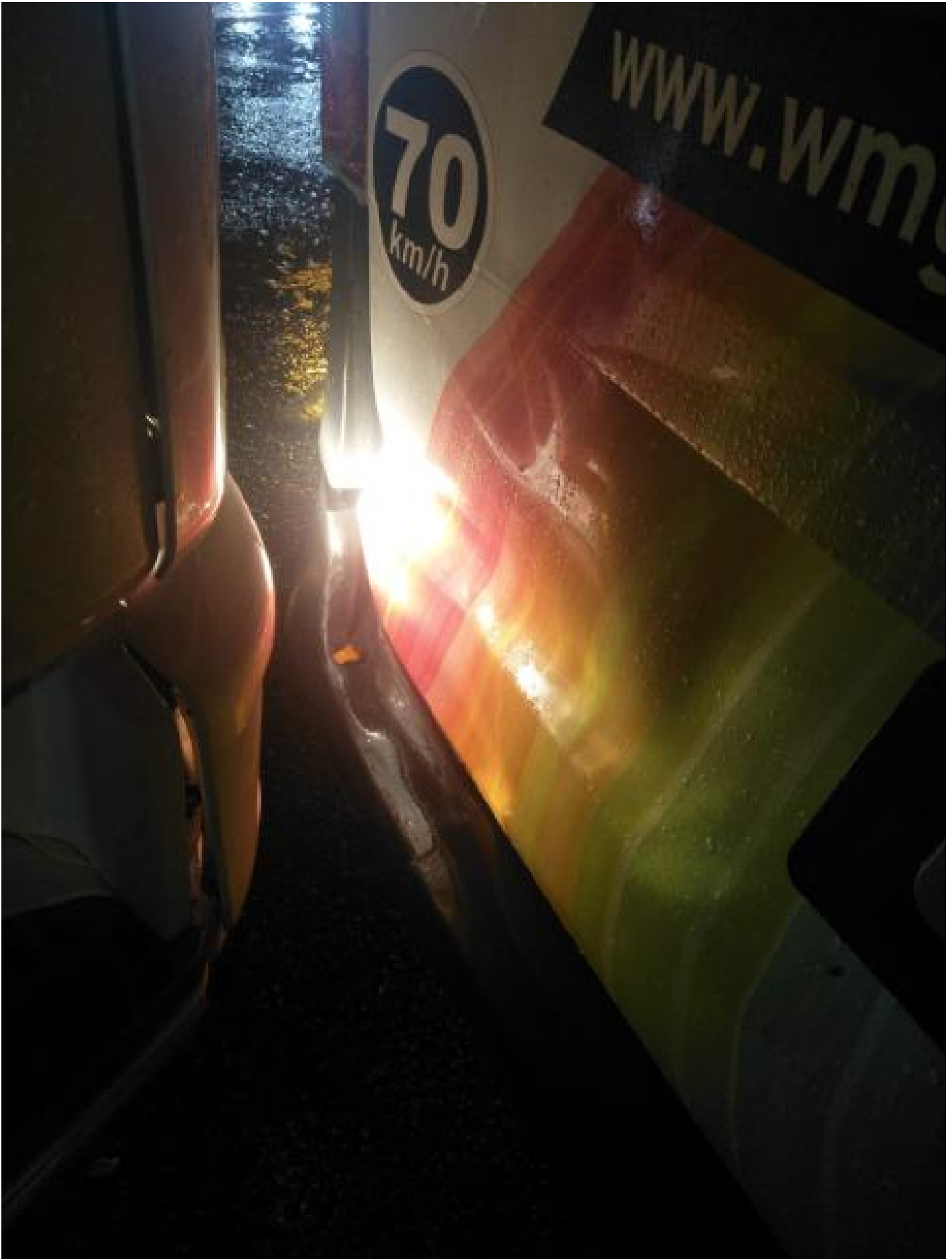


Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

