

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	16/12/2019 16:23
Date Of Accident	16/12/2019 10:30
Exact Location Of Accident	192 PANDAN LOOP (PANTECH BUSINESS HUB) LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7837E
Insured/Policyholder	
Name Of Registered Owner	DAIOHS SINGAPORE PTE. LTD
Co Reg No	201437042Z
Email Address	FINANCE@DAIOHS.SG
Mobile Phone No	(LOCAL) +65-82926327
Alternative Phone No	OFFICE-82926327

Vehicle Particulars

Manufacturer	SUZUKI
Model	EVERY-658CC GA (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
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	5112049747
Cover Note Number	

Driver

Name of Driver	WU TIONG GHEE
NRIC No	S7642945F
Date Of Birth	28/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82926327
Fax Number	
Contact Number	
Email Address	FINANCE@DAIOHS.SG

Address	BLK 75 TELOK BLANGAH DRIVE #08-294
Postcode	100075
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?	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)	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

PLEASE REFER TO CIRCUMSTANCES OF THE ACCIDENT ATTACHED

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	SLK1647C
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROBERT SIU WING CHAN
NRIC/Passport Number	S2593322B
Contact Number	
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:

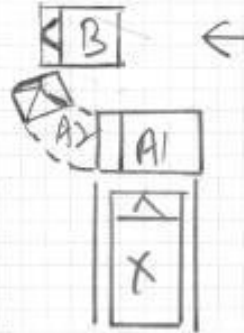
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

192 Pandan Loop Loading/Unloading Bay



A) GR51837E
B) SLK 1647C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 16/12/2019 AT ABOUT 10:30 I WAS 192 PANDAN LOOP LOADING
BAY. I SAW AN EMPTY SLOT SO I STOP TO GIVE WAY TO AN
ON COMING VAN AFTER THE VAN MOVE OFF I SIGNAL I START
TO MOVE OUT, SUDDENLY A CAR SLK1647C CAME FROM THE
RIGHT SIDE & BRUSH AGAINST MY FRONT RIGHT SIDE OF MY
VAN. VIDEO ATTACH.

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.:

10/11/2019, 10:00 AM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

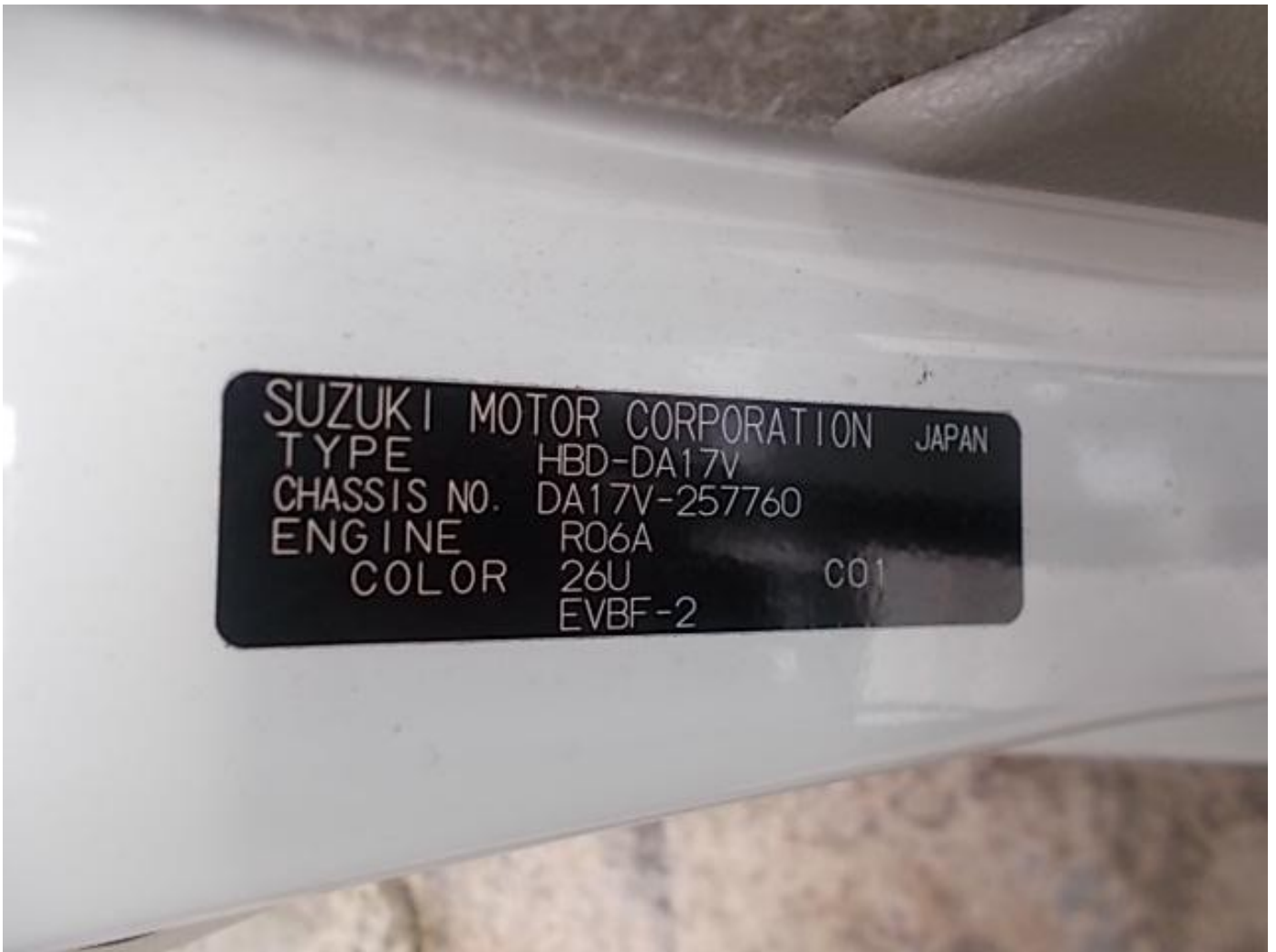




Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: MNA119165414 Vehicle Registration No: GBJ 7834F
Name (as shown in NRIC): WU TIONG GHER NRIC/FIN/Passport No: S 7642945F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: BLK 75 Telok Blangah Dr #08-29F Singapore 10075
Contact (Tel): 82926327 Mobile No.: _____
Email Address: finance @ daishs.sg
Date of Accident: 16/12/12 Time of Accident: 1030
Place of Accident: 192 Pionier Loop (Parkside Business Hub) Lady Bay
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

My vehicle number is GBJ 7837E instead of
GBJ 7834F.

Policyholder / Driver's Signature
Date: _____


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