

## 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	15/04/2019 15:54
Date Of Accident	14/04/2019 14:30
Exact Location Of Accident	SENGKANG WEST ROAD LAMP POST 4S1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6162X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GREENSCAPE PTE LTD
Co Reg No	200406247G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83020369
Alternative Phone No	OFFICE-83020369
<b>Vehicle Particulars</b>	
Manufacturer	ISUZU
Model	MPR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099429861
Cover Note Number	COMPREHENSIVE
<b>Driver</b>	
Name of Driver	THANARASU KALIYAPERUMAL
Passport No/FIN	G2462091W
Date Of Birth	30/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83020369
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 57 UBI AVENUE 1  
#08-11  
Postcode 408936  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR  
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

REFER TO SKETCH PLAN.

#### 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 SLV2460J  
Vehicle Make/Model/Colour WHITE BLUESG  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LEE SIOK HWEE, KAREN  
NRIC/Passport Number S8823098A  
Contact Number 93696918  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

# Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Vehicle No:

YP6162X

Report Date: 15/4/2019 Start Time: 4:10 PM

Report No: MT

D.O.A:

14.04.2019

Make / Model:

SLV MPK

Reporting Type:

TP

End Time:

## SKETCH PLAN

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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.
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.



15/4/2019 16:10

Policyholder's Signature / Date & Time

*[Signature]*

Driver's Signature (if driver is not the policyholder) / Date & Time

15/4/2019 16:10

Witnessed by Reporting Centre Personnel

*[Signature]*  
Thomas Chen 5098890

### Sketch Plan

SENGKANG WEST ROAD LAMP POST 451

Vehicle A: YP6162X	Vehicle B: SLV2460J		
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Sketch Plan Pg. 2

**Describe Circumstances of the Accident**

My lorry stop at the junction along slip road of Sengkang West Road as I was waiting for the road to clear before driving out. All of a sudden I felt a bang. I got down from my lorry and found that the vehicle no. SLV2460J has knocked into the back of my lorry. I took a photo of the car and also the driver identity card. The driver's name is Lee Siok Hwee, Karen and her tel number is 93696918.

*OKari*

**Declaration**

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



15/4/2019 16:10

Policyholder's Signature : Date & Time

*OKari*

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

15/4/2019 16:10

Witnessed by Reporting Centre Personnel

*Thomas Chen*  
50988910

Accident Photo



Accident Photo



Accident Photo





Accident Photo





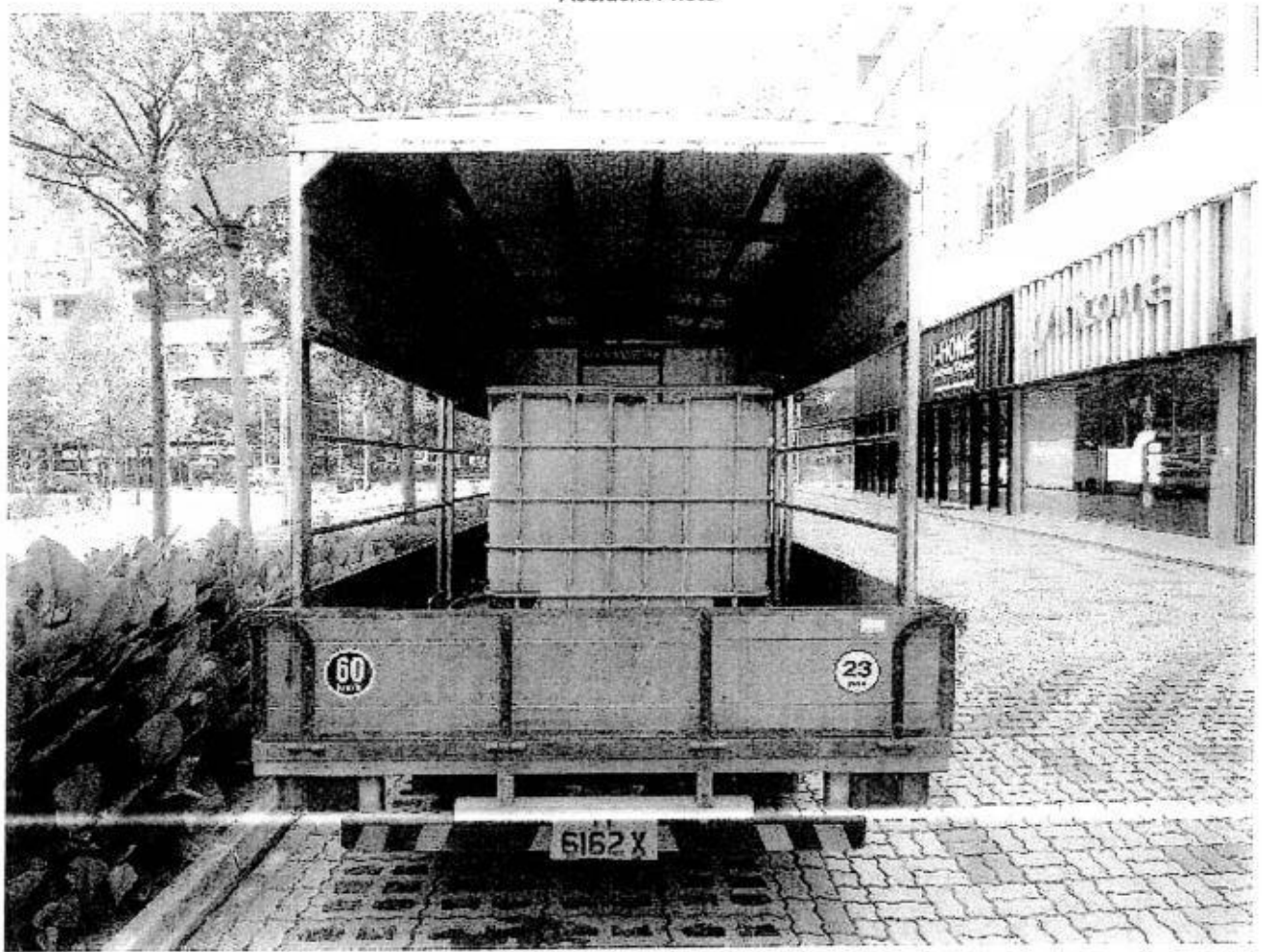
Accident Photo



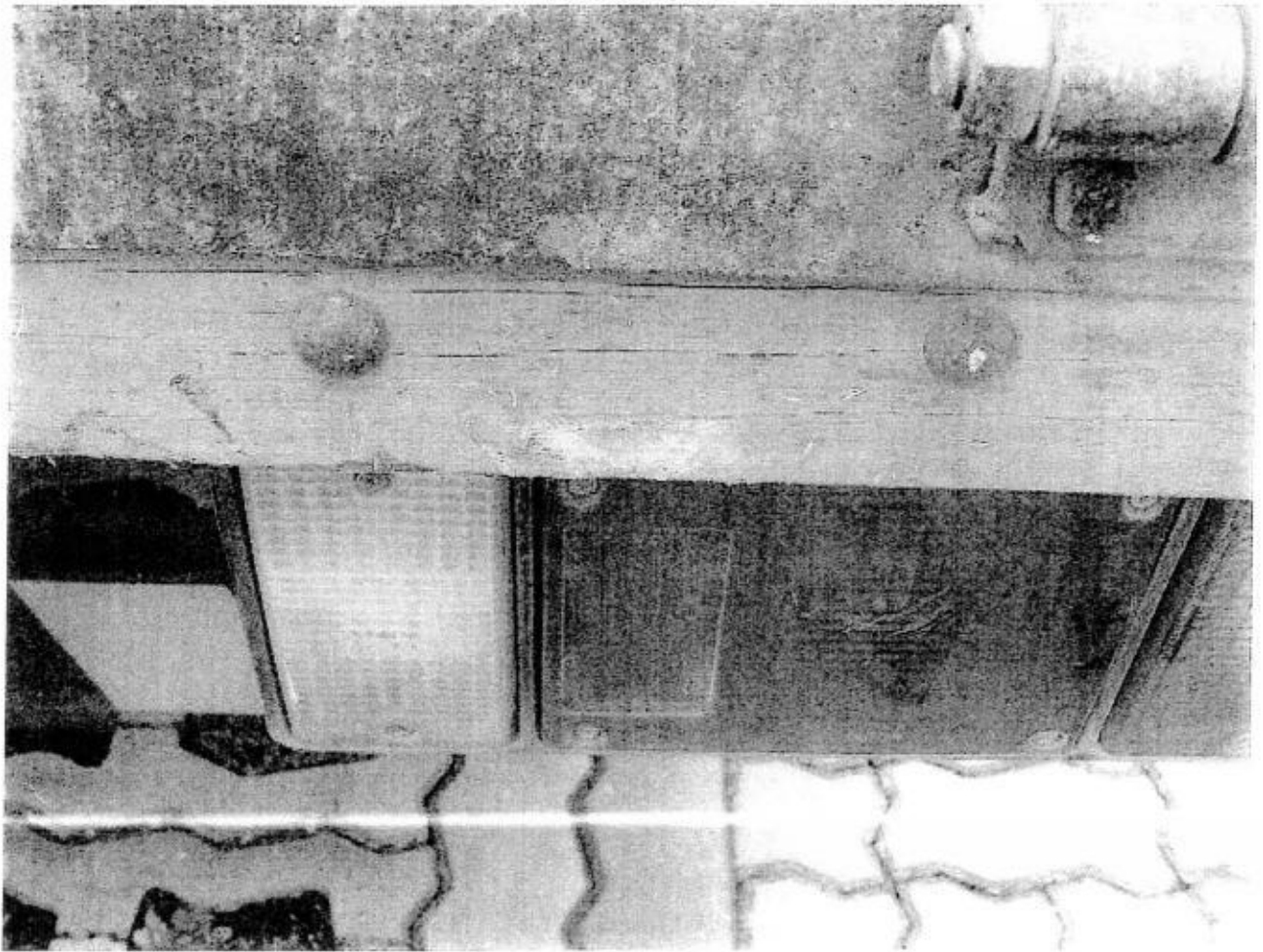
Accident Photo



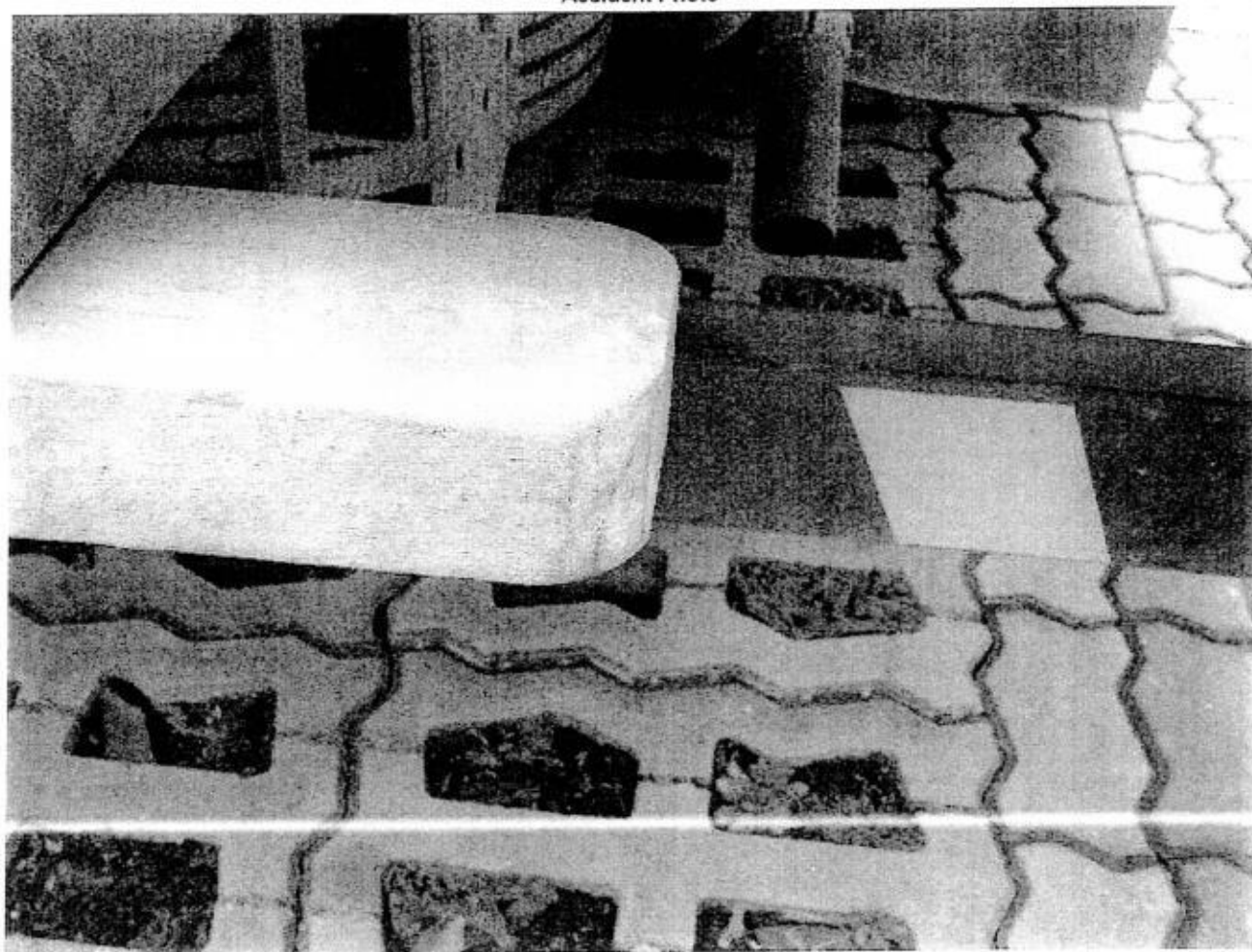
Accident Photo



Accident Photo

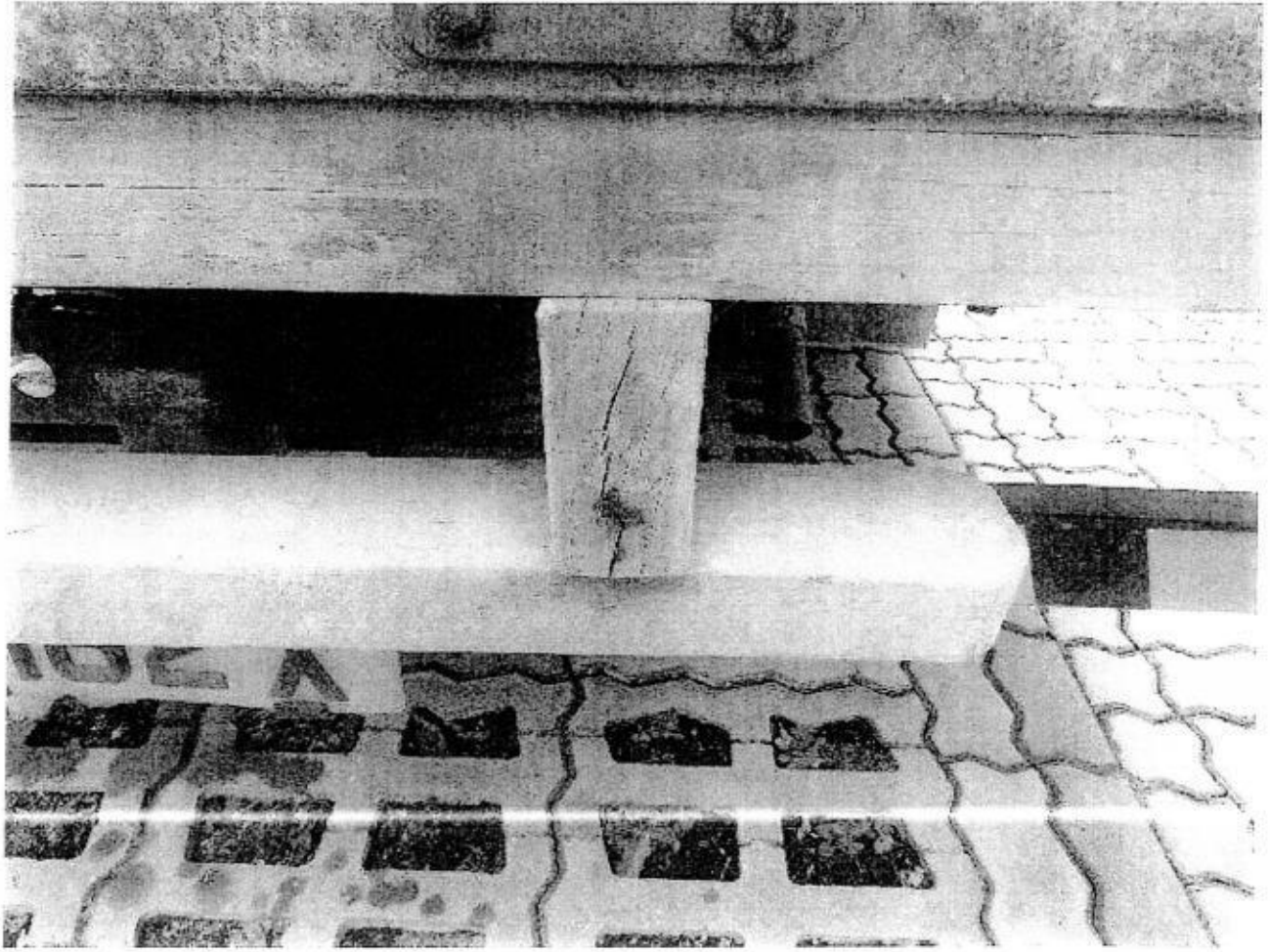


Accident Photo

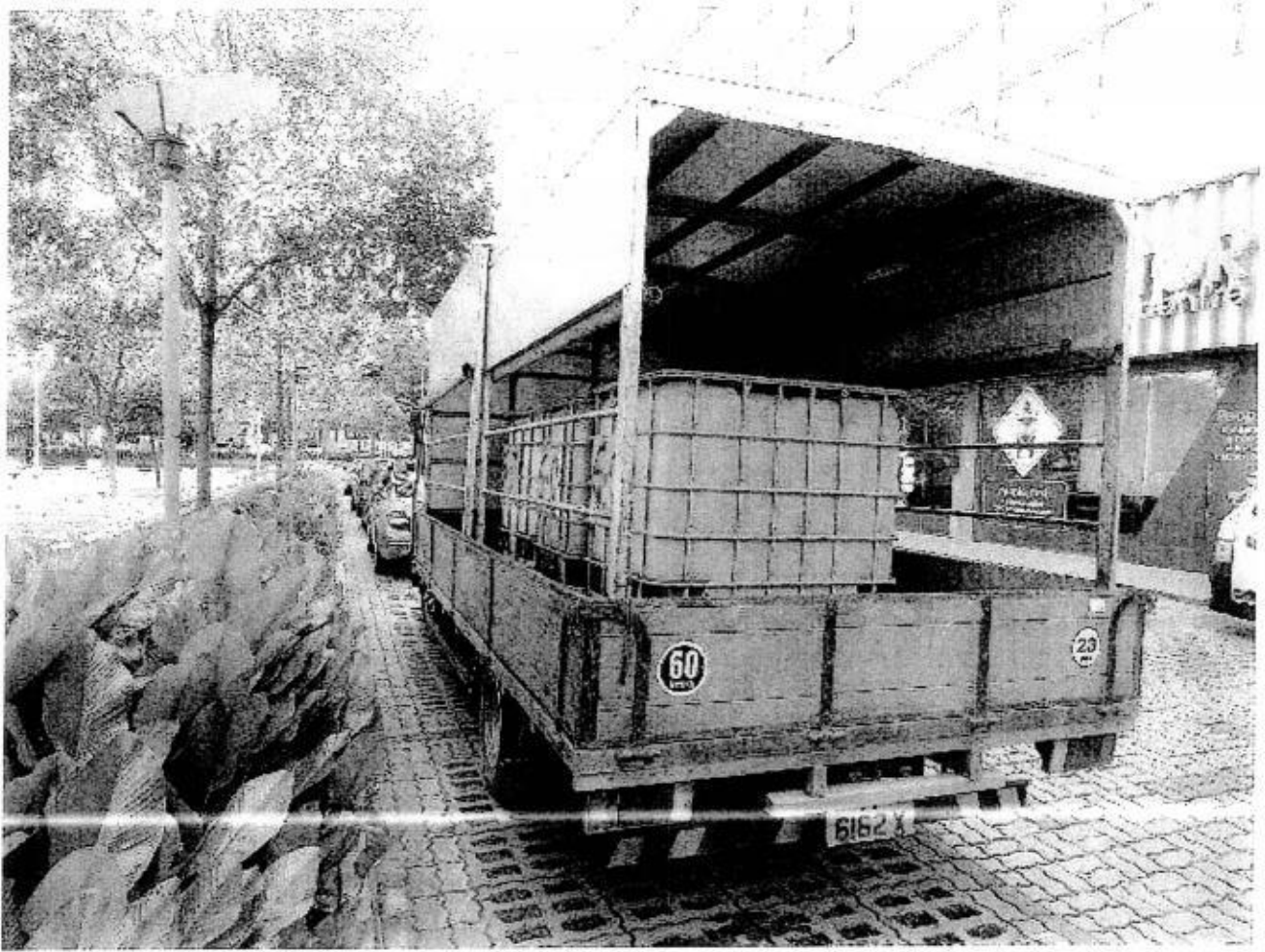




Accident Photo

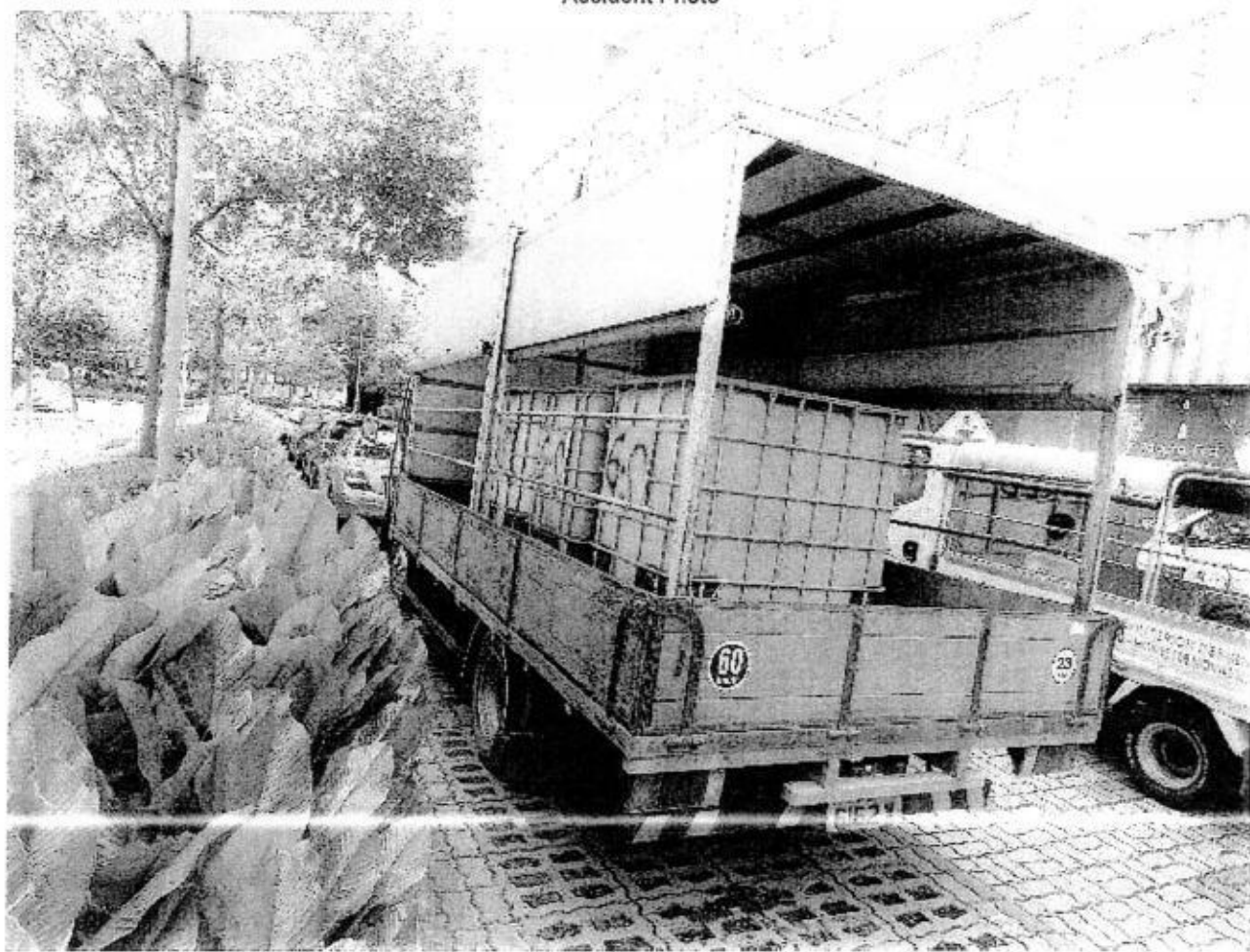


Accident Photo





Accident Photo





RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

## Third Party Insurer Enquiry

Our Ref No: GR-19-062141  
Date of Request: 22/04/2019

Your Ref No: Online Purchase

Joo Hak Kee Auto Pte Ltd  
Blk 3007 Ubi Road 1  
#01-406  
Singapore 408701

Dear Sir/Madam,

Enquiry Date 22/04/2019  
Enquiry By Poh Shi Min  
TP Vehicle No. SLV2460J  
Accident Date 14/04/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLV2460J	MSIG Insurance (Singapore) Pte. Ltd.	01/01/2019-31/12/2019	+65 6827 7888

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735**TAX INVOICE**

Our Ref No: GR-19-062141

Date of Request: 22/04/2019

Your Ref No:

Online Purchase

Joo Hak Kee Auto Pte Ltd  
Blk 3007 Ubi Road 1  
#01-406  
Singapore 408701

Dear Sir/Madam,

Enquiry Date 22/04/2019

Enquiry By Poh Shi Min

TP Vehicle No. SLV2460J

Accident Date 14/04/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque