

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	28/12/2019 23:09
Date Of Accident	28/12/2019 14:40
Exact Location Of Accident	KJE (PIE) AFTER WOODLANDS ROAD EXIT LANE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9303L
Insured/Policyholder	
Name Of Registered Owner	SEMBWASTE PTE LTD
Co Reg No	199507280G
Email Address	MOHAMAD.RANI@SEMBCORP.COM
Mobile Phone No	(LOCAL) +65 [REDACTED]
Alternative Phone No	OFFICE [REDACTED]

Vehicle Particulars

Manufacturer	VOLVO
Model	OTHERS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	YES
Policy Number	5109310219
Cover Note Number	

Driver

Name of Driver	ABU BAKAR B NGAH
NRIC No	[REDACTED]
Date Of Birth	09/09/1954
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1980
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) [REDACTED]
Fax Number	
Contact Number	
Email Address	MOHAMAD.RANI@SEMBCORP.COM

Address	BLK 743 WOODLANDS CIRCLE #10-459
Postcode	730743
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	CHAIN COLLISION
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	3
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)	3
Passenger 1	NAME: : MONIR GENDER: : MALE
Passenger 2	NAME: : NESA 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

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OI WILL EMAIL TO INCOME
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4075C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XE119G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

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' law yers/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' law yers/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 law yers/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.

ABU BAKAR B NGAH
28/12/2019 19:27

Policyholder's Signature / Date & Time

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

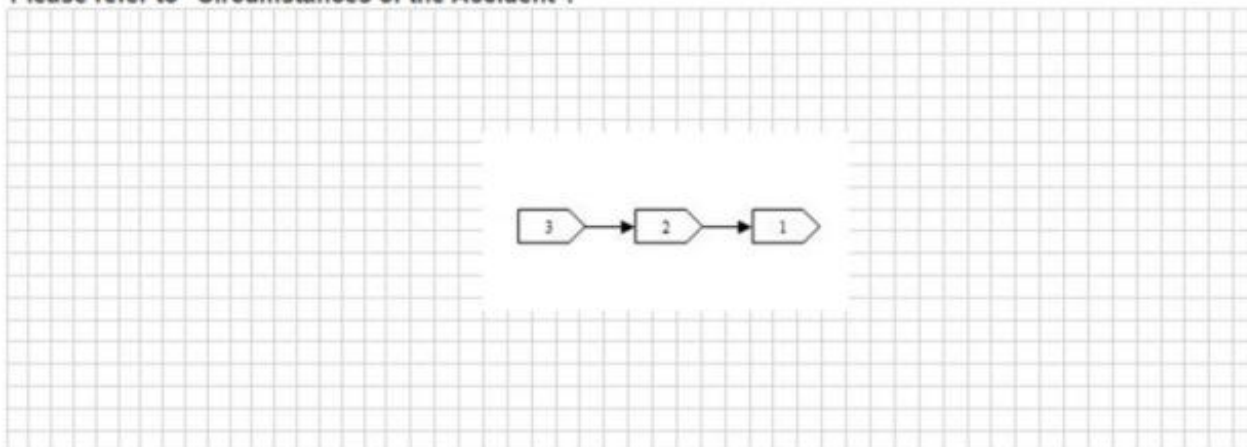
Witnessed by Reporting Centre Personnel

Sketch Plan #2

Sketch Plan

The sketch plan is based on the closest scenario.

Please refer to "Circumstances of the Accident".



Describe Circumstances of the Accident

My Car Position : FIRST CAR

DESCRIPTION :

On 28 December 2019 at around 1440hr, I was driving along lane 3 of KJE (PIE). After the Woodlands Rd exit, the lorry in front of me braked so I also braked. Suddenly vehicle YP4075C collided onto the rear of my lorry. When I came down from my vehicle, I saw that XE119G had collided into YP4075C.

Declaration

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

ABU BAKAR B NGAH
28/12/2019 19:27

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

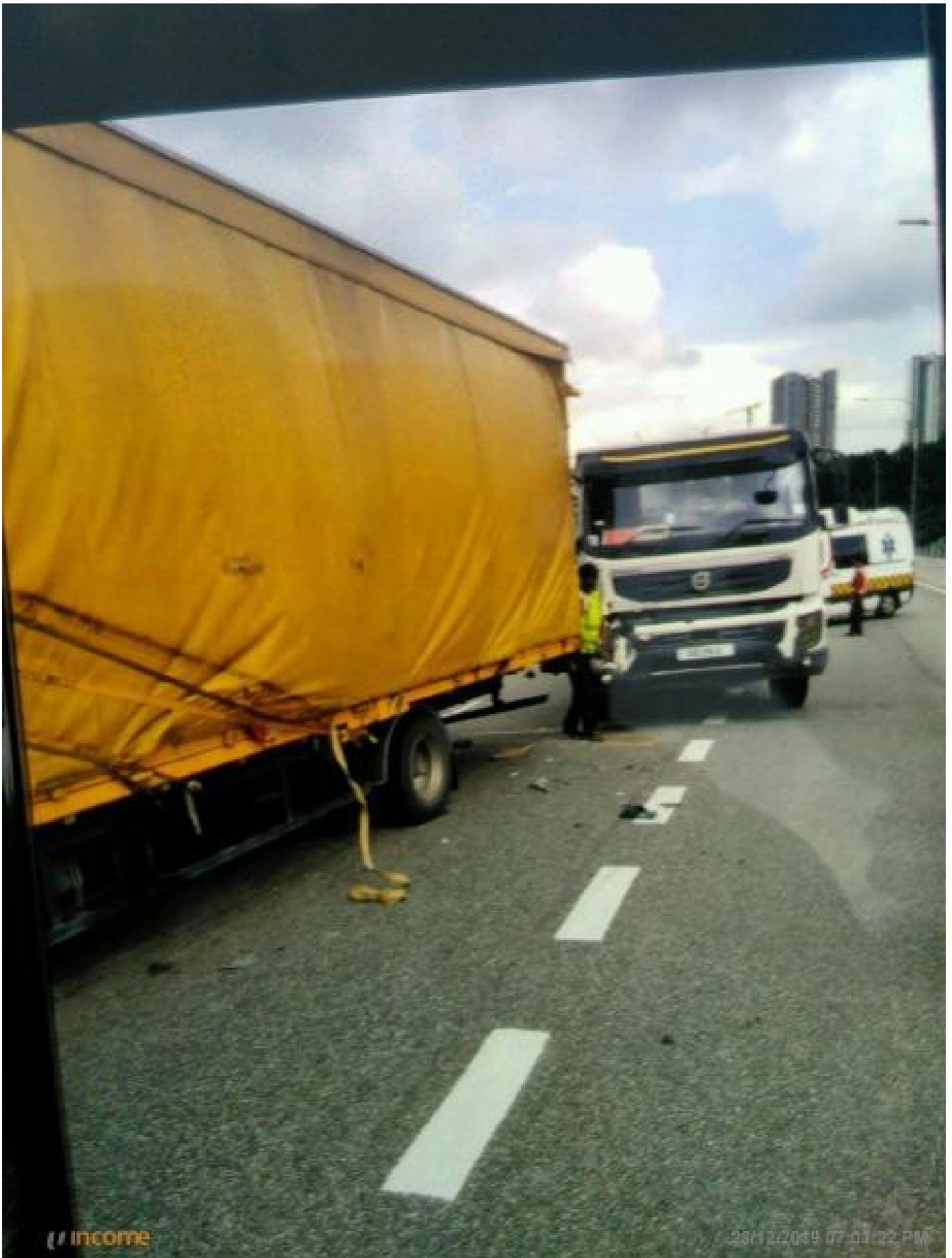
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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