

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	02/01/2020 15:53
Date Of Accident	01/01/2020 21:55
Exact Location Of Accident	LOADING BAY (BLK 608 ELIAS ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2508E
Insured/Policyholder	
Name Of Registered Owner	QUEK GIM TOH
NRIC No	S0099581I
Email Address	GTQUEK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97454050
Alternative Phone No	OTHERS-97454050

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 5DR
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5106186775
Cover Note Number	10/12/18 - 12/03/20

Driver

Name of Driver	QUEK GIM TOH
NRIC No	S0099581I
Date Of Birth	01/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1979
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97454050
Fax Number	
Contact Number	OTHERS-97454050
Email Address	GTQUEK@YAHOO.COM.SG

Address	BLK 403 YISHUN AVE 6 #05-1226
Postcode	760403
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	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

My van GX2508E was parked at loading bay in front of Blk 608 Elias Road. At about 9.55pm when I was about to close the back door of my van after selling ice-cream, I and my wife saw a taxi (SHC8638Y) mount onto the cement pavement. It then suddenly turned towards the direction of my parked van. My wife shouted and ran to Blk 608. The taxi came crashing & hit the left back part of the van. It then moved on to hit the big recycling bin in front of the Garbage Collection Centre. The taxi only then came to a halt.

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	SHC8638Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM CHIN HWEE
NRIC/Passport Number	
Contact Number	91995398
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN


VEHICLE NO.: GX2508E
INSURER : NTUC
DATE & TIME: 1/1/20 9.55pm

IMPORTANT NOTICE

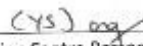
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.
- (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: (YS) ong
NRIC/FIN No.: 2/1/20

Sketch Plan #2

SKETCH PLAN


Refer Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

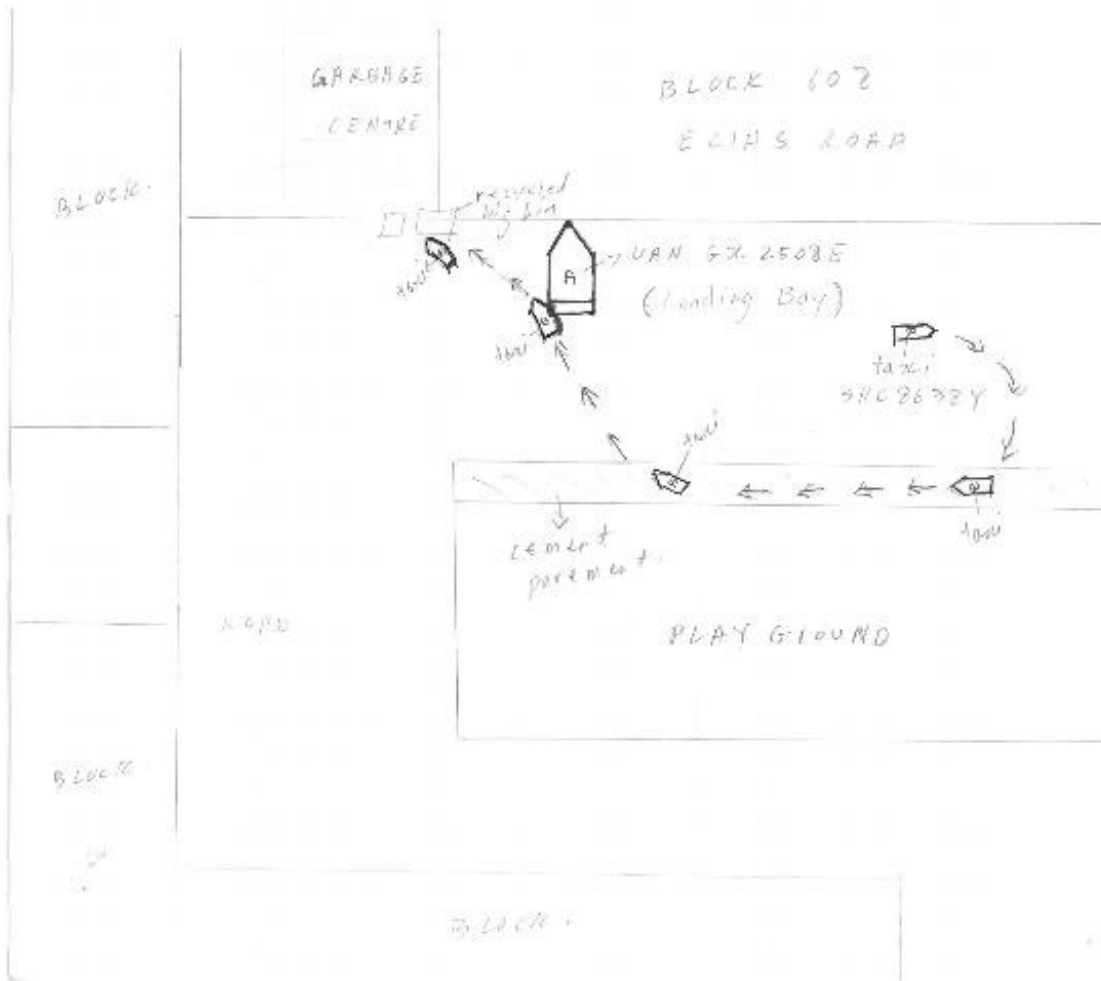
Ins: NTUC	Veh No: GX2508E	DOD: 01/01/20 7:55pm
My Van GX2508E was parked at loading bay in front of BIK		
608 Elias Road. At about 9:55pm when I was about to close the		
back door of my van after selling ice-cream, I and my wife saw		
a taxi move onto the cement pavement. It then suddenly turned		
towards the direction of my parked van. My wife shouted and ran		
to BIK 608. The taxi came crashing & hit the left back part of the		
van. It then moved on to hit the big recycling bin in front of the		
Garbage Collection Centre. The taxi only then came to a halt.		
Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim		
under your own comprehensive policy. Please check with your policy for more information.		

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:	(75) mg 2/1/20 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
GARMC SketchPlanForm_V3 () Claim Own Policy (/) Claim Third Party () Reporting Only () Claim OD/TP at other workshop ()		

Sketch Plan #3



A-GX2508E
 B-SHC 8638Y
 Lim Chin Hwee
 9199 5398

[Signature]
 02-01-2020

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

