

## 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	30/01/2020 09:31
Date Of Accident	29/01/2020 16:15
Exact Location Of Accident	SLE TWDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1879R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	T.A.G CONSTRUCTION PTE LTD
Co Reg No	2XXXXX399H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62955800

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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
Fleet Policy	NO
Policy Number	5101981887-01
Cover Note Number	

### Driver

Name of Driver	CHINNIHA PANDI
Passport No/FIN	GXXXXX756W
Date Of Birth	26/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82982411
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 3004 UBI AVE 3 #02-96
Postcode	408860
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	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	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: : COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : COLLEAGUE 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

I WAS TRAVELLING STRAIGHT ALONG SLE TWDS CTE ON THE 3RD LANE OF A5-LANES RD. WHILE TRAVELLING SUDDENLY MY TYRE BURST AND MY VEH SPINNING INTO THE 1ST LANE AND STOP IMMEDIATELY WITHOUT ANY CONTACT TO OTHERS VEH. THE TAXI(C) MANAGED TO STOP WITHOUT ANY CONTACT TO MY VEH BUT THE VEH(B) BEHIND THE TAXI OVERTAKE THE VEH B AND GRAZED VEH B LEFT SIDE PORTION AND HIT ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

#### 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	SJS2942A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOHN SO KING JIAT
NRIC/Passport Number	GXXXX659L

Contact Number 84411569  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD3700C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver LIM HOCK SENG  
NRIC/Passport Number SXXXX667A  
Contact Number 93321761  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### 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. The 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 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:



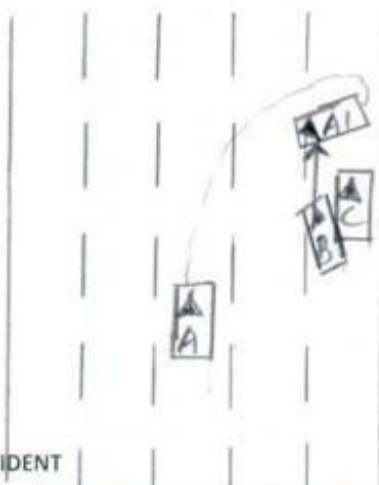
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN

A-GBB1879R  
B-SJS2942A  
C-SHD3700C



SLE TWDS CTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

## 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.:

## Individual Statement

I WAS TRAVELLING STRAIGHT ALONG SLE TWDS CTE ON THE 3RD LANE OF A5-LANES RD.WHILE TRAVELLING SUDDENLY MY TYRE BURST AND MY VEH SPINNING INTO THE 1ST LANE AND STOP IMMEDIATELY WITHOUT ANY CONTACT TO OTHERS VEH.THE TAXI(C) MANAGED TO STOP WITHOUT ANY CONTACT TO MY VEH BUT THE VEH(B) BEHIND THE TAXI OVERTAKE THE VEH B AND GRAZED VEH B LEFT SIDE PORTION AND HIT ONTO MY FRT LEFT SIDE PORTION OF MY VEH.

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER: 527 111 0153

U.W.: 1550 KG.

M.L.W.: 3000 KG.

TYRE SIZE: F 185/75 R15

R 185/75 R15 D

PASSENGER CAPACITY: 1 DRIVER 2 OTHERS

WFE: 1500

**Accident Photo**





**Accident Photo**





**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**

