SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- 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 witholding 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

 By the lodgement of this report to the insurers, you herebaforesaid. 	by consent to the archiving of this report at the centre and to copies of the report being made available
HARRY STREET, RESTORATED TO BE	ACCIDENT STATEMENT
Date Of Report	03/02/2020 12:56
Date Of Accident	03/02/2020 10:00
Exact Location Of Accident	B1 CARPARK OF NO 5 BURN RD (TEE YIH JIA FOOD BLDG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ9387Z
Insured/Policyholder	
Name Of Registered Owner	DELIZIO CATERING PTE LTD
Co Reg No	201403041H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90217401
Alternative Phone No	OFFICE-68441852
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 (A)
Exact Purpose for which vehicle was being us time of accident	sed at PARKED VEHICLE
Are you claiming under your own insurance p for repair to your vehicle?	olicy 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113092975
Cover Note Number	07/10/2019 - 06/10/2020
Driver	
Name of Driver	RONALD ANTHONY CHAN AN DI
NRIC No	S9543931D
Date Of Birth	08/11/1995
Occupation	INDOOR
Date Of Driving Pass	19/09/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97101067

RONALDANTHONY8@HOTMAIL.COM

Address

BLK 602 WOODLANDS DRIVE 42 #11-67

Postcode

730602

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

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)

2

involved in the accident

NO

Was any body injured in the Accident? 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 VEHICLE WAS PARKED INSIDE MY OFFICE BUILDING ALONG B1 CARPARK OF NO 5 BURN RD (TEE YIH JIA FOOD BLDG S369972). I WENT UP TO MY OFFICE TO OBTAIN STUFF, I LOCKED AND LEFT MY VEHICLE, EVERYTHING WAS INTACT. AFTER TEN MINUTES LATER, I WENT BACK TO MY VEHICLE AND SAW DAMAGES TO MY VEHICLE FRONTAL PORTON, I IMMEDIATELY RETRIEVED MY IN CAR CAMERA AND INFORMED MY COMPANY HR. AS WE RETRIEVED THE CAMERA FOOTAGE, WE SAW THAT VEHICLE B WAS PARKED HEAD-IN INTO ONE CARPARK LOT OPPOSITE MY PARKED VEHICLE. VEHICLE B WAS REVERSING OUTWARD AND HIT ONTO MY PARKED VEHICLE FRONT PORTION. MY MANAGER WENT UP TO FIND VEHICLE B COMPANY STAFF BUT WAS INFORMED TO LODGE A CLAIM INSTEAD, NO ONE WAS INJURED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WILL UPLOAD INTO SERVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

COMMERCIAL VEHICLE

Vehicle Registration Number

GBC9788L

Vehicle Make/Model/Colour

JEEP

Details Of Properties

REAR PORTION

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 14

Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

NTUC	Income Motor Service	Centre 7	000
Report	No: M1	D.O.A:	04

GB 1938	+ -	
Vehicle No:	Report Date: 3-2/2020 Start Time: 1	:06 PN
Make Model: 7 HIACO	Reporting Type: lind lime:	

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 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)
- 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.

M



3/2/2020 13:06

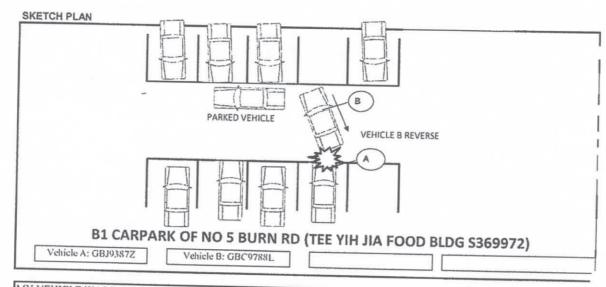
My

3/2/2020 13:06

Reporting Centre Personnel's Signature Name: Chen JunLlang NRIC/ Fin No: S990765

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

Policyholder's Signature Date & Time:



MY VEHICLE WAS PARKED INSIDE MY OFFICE BUILDING ALONG BI CARPARK OF NO 5 BURN RD (TEE YIH JIA FOOD BLDG S369972). I WENT UP TO MY OFFICE TO OBTAIN STUFF. I LOCKED AND LEFT MY VEHICLE.

AFTER TEN MINUTES LATER, I WENT BACK TO MY VEHICLE AND SAW DAMAGES TO MY VEHICLE FRONTAL PORTON. I IMMEDIATELY RETRIEVED MY IN CAR CAMERA AND INFORMED MY COMPANY HR. AS WE RETRIEVED THE CAMERA FOOTAGE, WE SAW THAT VEHICLE B WAS PARKED HEAD-IN INTO ONE CARPARK LOT OPPOSITE MY PARKED VEHICLE. VEHICLE B WAS REVERSING OUTWARD AND HIT ONTO MY PARKED VEHICLE FRONT PORTION.

MY MANAGER WENT UP TO FIND VEHICLE B COMPANY STAFF BUT WAS INFORMED TO LODGE A CLAIM INSTEAD. NO ONE WAS INJURED.

DECLARATION

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





· Jahr

3/2/2020 13:06

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name: Chen JunLiang NRIC/ Fin No: S990765