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Confirmed by : (		Dates	Tlme:		)	
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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 <u>truthful and accurate</u> 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 aforesaid.

aroresaid.	
<b>自体を含むることというという。</b>	ACCIDENT STATEMENT
Date Of Report	05/03/2020 17:03
Date Of Accident	04/03/2020 17:15
Exact Location Of Accident	BAYSHORE PARK CONDO ENTRANCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP5412G
Insured/Policyholder	
Name Of Registered Owner	TECK KEE FRUITS LLP
Co Reg No	TXXXXX068F
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67786913
Vehicle Particulars	
Manufacturer	ISUZU
Model	<u> </u>
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	REPORTING ONLY
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	5087781721-03
Cover Note Number	
Driver	
Name of Driver	WONG POH CHING
NRIC No	SXXXX218D
Date Of Birth	18/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1985
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84664088
Fax Number	

NOEMAIL

Address BLK 5 TANJONG PAGAR PLAZA #10-05

Postcode 081005

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 BY FALLEN TREE / OTHER OBJECTS

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

1 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

NO

BARRIER

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

## Circumstances of Accident

I WAS SENDING GOODS TO THE BAYSHORE CONDO, WHEN THE BARRIER OPEN, I PROCEED ENTER TO THE CONDO. SUDDENLY THE BARRIER DROP AND HIT ONTO MY LORRY BEHIND ROOF TOP PANEL. NO ONE INJURY.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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 .:

# Entrance A = YP 5412 G Bayshare Condo

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	+0	statement	

# DECLARATION

Date & Time:

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

Policyholder's Signature

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

2

NRIC/FIN No.:

GeneralClaim **eBao**Tech · Change Password · Change Language Hello, NAC\_PAYA\_UBI\_800601 My Desktop **Policy Query** Notice of Loss 04/03/2020 17:00 Date of Accident Policy No. Certificate Number Vehicle No.(For Motor) YP5412G Search Vehicle No. Insured Object Certificate Number Policyholder Name Policyholder NRIC Commence Date Expiry Date Product Cover Type Policy No. Preferred TECK KEE FRUITS LLP YP5412G YP5412G 13/02/2020 12/02/2021 5087781721-Workshop Plan T09LL0068F GCV 0 03 Continue

### 3/5/2020 Claim Handling(accident reporting Claim Task ) Claim Handling Accident HT/1087074 Policy No. 5087781721-03 Vehicle No. YP5412G GST Registration No. Certificate No. Policyholder Name TECK KEE FRUITS LLP Policyholder NRIC T09LL0068F Product Code COMMERCIAL VEHICLE INSURAR Cover Type Preferred Workshop Plan Loading Contact No.(Mobile) Contact No.(Office) Contact No.(Home) 67786913 Email Address Special Remark eCode No \* KFK No Yes TCA · No · Yes eCode Reason NCD Protection NCD Entitlement(%) Private Hire ♥ Accident Details Report Date 05/03/2020 17:25 Accident Report Within 24 hrs Accident Type Date of Accident 04/03/2020 Time of Accident hh:mm 17:15 Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location BAYSHORE PARK CONDO ENTRANCE Total Excess Applicable Excess Type Windscreen Excess Per Accident 100.00 OD Standard Excess 600.00 TP Standard Excess 0.00 YIED OD Excess YIED TP Excess Driver is Covered? 0.00 Covered Additional Excess Total OD Excess Applicable 600.00 Total TP Excess Applicable **▽** Benefits **GST Registered GST Registration Date** 01/01/2015 Yes **GST Registration No.** M90369860C GST Status Verified **Hodification History** 05/03/2020 17:26:58 System changed GST Registration No. from NA to M90369860C 05/03/2020 17:26:58 System changed GST Status Verified from No to Yes Policyholder Hailing Address Address 1 Address 2 WHOLESALE CENTRE Address 3 SINGAPORE 110018 BLK 18 #01-124 Address Type Post Code Singapore address 110018 Related Policy Number Unit No. 5087781721-03 ♥ OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name WONG POH CHING Driver NRIC 5XXXX218D Driver DOB 18/03/1961 Register Date of Driver License 05/08/1985 Driver Age Driving Experience 34 Contact No.(Mobile) 84664088 Contact No.(Office) Contact No.(Home) Address 1 Address 2 TANJONG PAGAR PLAZA BLK 5 #10-05 Address 3 SINGAPORE 081005 Address 4 Address Type Singapore address Post Code 081005 Unit No. Does he own a Singapore Registered car? ⊕ Yes · No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test Reading? Any injury? U Yes € No Modification History Claim 001 New Insured TECK KEE FRUITS LLP Insured NRIC TOPLLO Claim Type \* OD-MX Contact No. (Home) Contact Contact No.(Mobile) 67786 OI Venicle TP Vehicle Email Address YP5412G BARRII Name of Freferred VPS412G / BARRIER ON 4 Mar 2020 Claim Description 0 Preferred Insured Liability Not at Fault Workshop Rontect No. Yes Finalisation ▼ GIA Received Preferred Workshop, Name unk Date Received 05/03/ Date Registered 05/03/2020 17:27 Report Taken By LIEW SHAN HUI Print AK letter Save Submit

Attachment Accident No. MT/1087074 Claim No. 001 Last Doc. Received Upload Date 05/03/2020 17:28 B Yes D No Category \* Urgency \* Fath \* v NO Choose File No file chosen 7 Clear Please Select Normal \* NO Choose File No file chosen \* Normal ٠ Clear Please Select Choose File No file chosen Clear Please Select \* NO \* Normal ٠ \* NO ▼ Normal • Choose File No file chosen Clear Please Select Choose File No file chosen Y NO \* Normal . Clear Please Select Choose File No file chosen Clear \* NO \* No • Message Read

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