

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	20/03/2020 12:52
Date Of Accident	19/03/2020 14:00
Exact Location Of Accident	HEARTLAND MALL (KOVAN)CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8909A
Insured/Policyholder	
Name Of Registered Owner	NEWRANGE MARKETING
Co Reg No	5XXXX914W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96744713
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112922983
Cover Note Number	PREFERRED WORKSHOP PLAN
Driver	
Name of Driver	TAN KENG SANG
NRIC No	SXXXX946A
Date Of Birth	08/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	03/10/1984
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96744713
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 282 TAMPINES STREET 22 #08-284
Postcode	520282
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	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)	1

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 ATTACHED;

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	SJV8681Y
Vehicle Make/Model/Colour	MAZDA / MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KUM ENG YONG
NRIC/Passport Number	SXXXX514E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

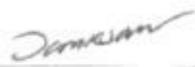
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8. **Consent under the Personal Data Protection Act (PDPA)**

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, regulatory, 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.

NEWRANGE MARKETING
Blk 44 Kallang Place #04-06
Four Star Building
Singapore 339172
Tel: 9674 4713 Fax: 6781 2368

Policyholder's Signature
Date & Time:

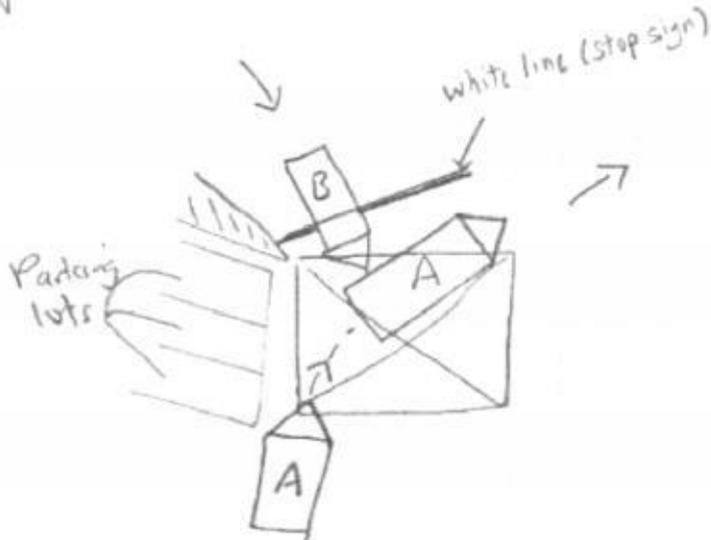

Director's Signature
(If driver is not the policyholder)
Date & Time: 20/3/2020

IDAC KANI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415033
Tel: 674 16697 Fax: 67432305
Email: vac.kb@victoria.com.sg

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

Accident Sketch Plan

SKETCH PLAN



A: GBJ 8909A
 B: SJV 8681Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my van (A) into Kovan carpark (Heartland mall). while driving, suddenly car B from the minor road did not stopped behind the white line and collided onto my rear left side of my van.

DECLARATION

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

NEWRANGE MARKETING
 Blk 44 Kallang Place #04-06
 Four Star Building
 Singapore 339172
 Tel: 6674 4713 Fax: 6761 2365

[Signature]

[Signature]

20/3/2020

Driver's Signature

Reporting Centre Personnel's Signature

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vac@idacvic.com.sg