

38/MC/0118/03/2020

## 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	19/03/2020 10:07
Date Of Accident	18/03/2020 16:00
Exact Location Of Accident	43 JLN PEMIMPIN H.L YONG COMPANY PTE LTD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ9373U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KNT SERVICES
Co Reg No	5XXXX063K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97233303
Alternative Phone No	OFFICE-97233303

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113333873
Cover Note Number	

### Driver

Name of Driver	KHOO YONG KUAY
NRIC No	SXXXX248J
Date Of Birth	19/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	26/08/1981
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97233303
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 570 AMK AVE 3 #04-3347
Postcode	560570
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : EVNICE SOLOMON GENDER: : FEMALE

#### 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

ON 18 MAR 2020 ABOUT 4PM, I STOPPED MY VEHICLE (SGZ 9373 U) AT 43 JALAN PEMIMPIN TO DROP OFF CUSTOMER. A GOODS CARRYING LORRY (BELONG TO H.L YONG PTE LTD) AT 6-8 METERS IN FRONT OF A. SUDDENLY REVERSED AND HIT ONTO A. I HAD HORNED TO VEHICLE B IN ORDER TO PREVENT THE ACCIDENT, HOWEVER DUE TO VEHICLE B DRIVER NOT ALERT AND NOT LOWER THE DRIVER'S WINDOW THEREFORE ACCIDENT HAPPENED. THE WEATHER WAS FINE AND DRY, NO OTHER VEHICLES MOVEMENT AND NOT LOADING/UNLOADING ACTIVITY AT THAT TIME. THE ACCIDENT LOCATION IS ALSO VERY SPACIOUS AND ALLOWED OTHERS THO PASS BY AND U-TURN. VEHICLE A WAS STOP AT LEFT LANE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	KIV
Was there any audio recorded?	NO

#### Details of Witness 1

Name	EVNICE SOLOMON
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE577C
Vehicle Make/Model/Colour	NISSAN CABSTAR

#### Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SNG KHIM POH
NRIC/Passport Number	SXXXX592J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLANIMPORTANT NOTICE

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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:

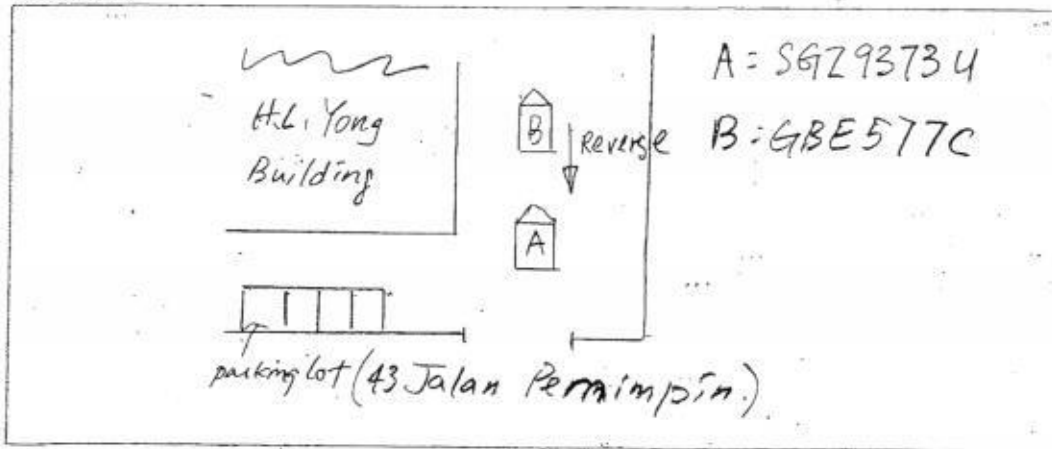
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 purposes 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:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18-Mar-2020 (about 4pm), I stopped my Vehicle (SGZ93734) at 43 Jalan Permimpin to drop off customer. A goods carrying lorry (belong to H.L. Yong etc Ltd) at 6-8 meters in front of "A" suddenly reversed and hit onto "A". I had horned to vehicle - B in order to prevent the accident, however due to vehicle-B driver not alert and not lower the driver's window therefore accident happened. The weather was fine and dry, no other vehicles ~~move~~ movement and not loading/unloading activity at that time. The accident location is also very spacious and allowed others to pass by and U-turn. My vehicle - A was stop at left lane.

☒ Claim OD/TP at Su Brothers ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

(SU BROTHERS COMPANY)