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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 wiful 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.
- 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.

出生。此一名与西加州中华州和西南部,	ACCIDENT STATEMENT
Date Of Report	24/03/2020 16:05
Date Of Accident	23/03/2020 09:50
Exact Location Of Accident	JUST OUTSIDE CARPARK OF BLK 213 HENDERSON ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GW3451H
Insured/Policyholder	
Name Of Registered Owner	ACE COMPUTER SYSTEMS
Co Reg No	5XXXX602B
Email Address	ACE88SG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93222968
Alternative Phone No	OFFICE-93222968
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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

THIRD PARTY

Fleet Policy

NO

Policy Number

5112048982

Cover Note Number

Driver

Name of Driver WAN YEW WENG RODNEY

NRIC No SXXXX150G Date Of Birth 04/10/1971 Occupation INDOOR Date Of Driving Pass 20/08/1992

Driving Experience 27 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93222968

Fax Number

Contact Number OTHERS-93222968

EMail Address ACE88SG@YAHOO.COM Address

BLK 2 DELTA AVENUE

#23-42

Postcode

161002

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)

2

Passenger 1

NAME:

: FRIEND

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

PLEASE REFER TO SKETCH PLAN

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

GBC7653M

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

FARID BIN MAHAMMAD KUMARI

NRIC/Passport Number

8XXXXXXXXX5669

Contact Number

91713771

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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:
 - (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.

ACE COMPUTER SYSTEMS

Bik 653A, Jurong West Street 61 #14-428 Singapore 641653 Tel: 6728 6028 Fax: 6728 6335

email: acecomputersystems@notmail.com

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

porting Contro Borsobnol's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopped by the side of the road just before the
entrance to BIK 213 Henderson Road corpork when the
Van GBC 7633M come in on a very gentle angle
and grazed the corner of my van Gw3451H?
I was in the relief talking to my triend llow
impact, I veversed the vehicle to check the demage
to the vehicle and we proceeded into the corport
+ exchange details.

DECLARATION

I/We declared thurse the system of true in every respect.

103A, Jurong West Street 61

114 428 Singapore 641653

728 6028 Fax: 6728 8335

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

23 3 2020

Date & Time:

eporting Centre Per

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDE	NT DATE: (d.S.) .03 , 8	EDD CHIMA MALLON	000 0	50
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ī. D	ETAILS OF VEHICLE		111.8	
a,	VEHICLE NUMBER	GW3451H		90.10
b)	INSURANCE COMPANY	A TOTAL CONTRACTOR	out.O	70 CH 114
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email = ace88sg@yahou.com

Claim Handling

Accident 917/1089476						
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