





## 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	03/04/2020 16:49
Date Of Accident	01/04/2020 09:00
Exact Location Of Accident	117 ALJUNIED AVE 2 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3738E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THE EASTERN RESTAURANT 487 PTE LTD
Co Reg No	2XXXXX523D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94569122

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5112796796
Cover Note Number	

### Driver

Name of Driver	TAN ZHAO JIN
NRIC No	SXXXX747A
Date Of Birth	01/01/1955
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1975
Driving Experience	45 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88383738
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 147 LORONG 2 TOA PAYOH #24-336
Postcode	310147
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) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO STATEMENT.

#### 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	GBD6556D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KUMARASAMY
NRIC/Passport Number	GXXXX890T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

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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:
  - (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.

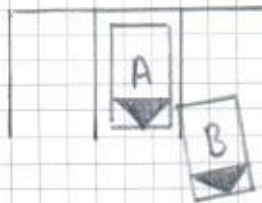
The Eastern Insurance (497) Pte Ltd  
497, East Coast Road  
Singapore 444977  
Tel: 6744 1234

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



A = GBF 3738 E

B = GBD 6556 D

117 Aljunied Ave 2 carpark

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

## DECLARATION

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

The Eastern Insurance Co., Ltd.  
487 Geylang Road  
Singapore 389446  
Tel: 6743 7883

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.:

I PARKED MY VEH AT THE 117 ALJUNIED AVE 2 CARPARK HAVING MY BREAKFAST AT THE FOOD CENTRE. WHEN I WENT BACK TO MY VEH, THERE WAS A FEW MAN COME TO TOLD ME, THERE SAY WHEN THERE TRY TO REVERSING INTO THE LOT BESIDE MY VEH, THEIR VEH HIT ONTO MY PARKED VEH LEFT HAND SIDE. THERE ASK ME PROCEED TO CLAIMS HIS INSURANCE.



# ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 4 / 20) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM)

LOCATION: Greyland East food court centre 117 Aljunied Ave2

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 3738 E  
 b) INSURANCE COMPANY: IMC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Working  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: The Eastern Restaurant 487 pie ltd. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9456 9122  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Tan Zhao Jin. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9838 3738  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBD 6556 D MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Kumara Samy  
 c) NRIC/FIN/PASSPORT: G 789 5890 T CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* chop.

Email = Tan. Junbiang@yahoo.com.sg

fax =

VIDEO = Yes. No.

Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112796796		THE EASTERN RESTAURANT 487 PTE LTD	200501523D	GCV	Comprehensive	GBF3738E	GBF3738E	27/09/2019	26/09/2020



## Claim Handling

Accident MT/1090664

Policy No.	5112796796	Vehicle No.	GBF3738E	GST Registration No.	
Certificate No.					
Policyholder Name	THE EASTERN RESTAURANT 487 PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	2005015230
Product Code	COMMERCIAL VEHICLE INSURAF	Contact No.(Office)		Loading	0
Contact No.(Mobile)	94569122	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KfK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>▼ Accident Details</b>					
Report Date	03/04/2020 17:35	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	01/04/2020	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	117 ALJUNIED AVE 2 CARPARK				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	487 GEYLANG ROAD	Address 2	SINGAPORE 389446	Address 3	
Address 4		Address Type	Singapore address	Post Code	389446
Unit No.		Related Policy Number	5112796796		
<b>▼ O1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/01/1955
Unnamed driver Name	TAN ZHAO JIN	Driver NRIC	SXXXX747A	Driving Experience	45
Register Date of Driver License	24/03/1975	Driver Age	65	Contact No.(Home)	
Contact No.(Mobile)	88383738	Contact No.(Office)		Address 3	TOA PAYOH TOWERS
Address 1	BLK 147 #24-336	Address 2	LORONG 2 TOA PAYOH	Post Code	310147
Address 4	SINGAPORE 310147	Address Type	Singapore address		
Unit No.	24-336			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	THE EASTERN RESTAURANT 487	Insured NRIC	2005015230
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	94569122
Email Address		TP Vehicle Number	GBD65		
Claim Description	GBF3738E / GBD6556D ON 1 Apr 2020			Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Not at Fault		
Repair Option	Preferred	Preferred Workshop, Name unknown		GIA report	Received
Date Registered	03/04/2020 17:37	Claim Close Date		Date Received	03/04/2020
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1090664	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/04/2020 17:38
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
<b>Attachment List</b>			
Category *	Confidential	Urgency *	Desc
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
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