

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 Record 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 afterwards.

Date Of Report	29/04/2020 16:52
Date Of Accident	29/04/2020 14:00
Exact Location Of Accident	AYE TOWARDS JURONG BEFORE WEST COAST WAY EXIT
Country, State of Loss	SINGAPORE

Vehicle Registration Number	YN5735K
Insured/Policyholder	
Name Of Registered Owner	CHYE THIAM MAINTENANCE PTE LTD
Co Reg No	1XXXXX700E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91079158
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER LORRY
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108281586-01
Cover Note Number	

Name of Driver	PAN ONN SOON
NRIC No	SXXXX273F
Date Of Birth	01/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	23/11/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91079158
Fax Number	
Contact Number	OFFICE-91079158
EMail Address	NOEMAIL

Address APT BLK 301 TAMPINES STREET 32
#10-30 SINGAPORE

Postcode 520301

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 COLLISION - CHANGE/CROSS LANE

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) 5

Passenger 1 NAME: : SWEE TIAN HEONG

GENDER: : MALE

Passenger 2 NAME: : LIM AIK CHUAN

GENDER: : MALE

Passenger 3 NAME: : YEO KHOON WHATT

GENDER: : MALE

Passenger 4 NAME: : CHIA BOON TEE

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

REFER TO 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 Witness 1

Name MR LIM

Phone Number 83518839

Email Address

DETAILS OF OTHER VEHICLE PROPERTY:

Vehicle Registration Number	YN3137A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZAIPULBAHRI BIN DOLLAH
NRIC/Passport Number	SXXXX868I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


IMPORTANT NOTICE

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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.

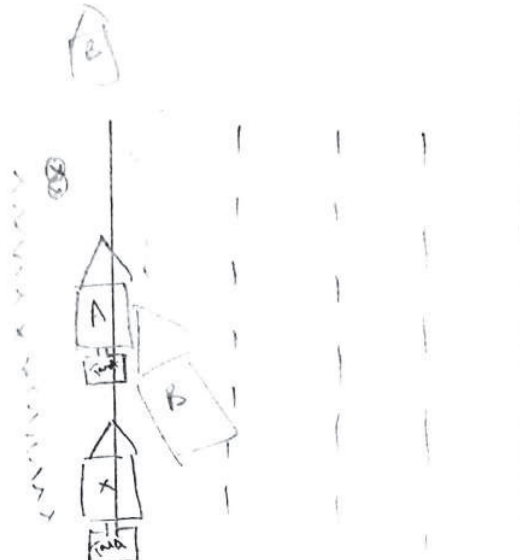

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2 Pg. 1

SKETCH PLAN



A = VN5735K
B = VN3137A
X = YL3579C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/4/2020 at about 2pm, I was driving my vehicle A mounted with the TMA, VN5735K doing litter picking. As my van was slowly moving to pick up litter, I suddenly felt a very big impact at the rear, right and subsequently, vehicle B had moved past me and stop in front of my vehicle A. I came down and found that vehicle B had hit onto my vehicle A. We exchange particulars and I am doing this in order to make a police report. I wish to state that my colleague which was driving following behind my vehicle A was supporting my vehicle with a TMA and he witnessed the whole incident.


* There are 3 persons in the back of my truck. Since I have might be seek medical attention as they don't feel well after the accident.

DECLARATION

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

 Helo

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.: