

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	25/08/2020 15:04
Date Of Accident	18/08/2020 11:25
Exact Location Of Accident	FARRER ROAD EXIT TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7300H
Insured/Policyholder	
Name Of Registered Owner	LEA HIN COMPANY (PRIVATE) LTD
Co Reg No	1XXXXX161H
Email Address	FARFALLA@LEAHINEA.COM.SG
Mobile Phone No	(LOCAL) +65-98508897
Alternative Phone No	OFFICE-98508897

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111180374-01
Cover Note Number	

Driver

Name of Driver	MOHD KAMIL BIN NAWAM
NRIC No	SXXXX193H
Date Of Birth	29/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	20/11/1990
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98508897
Fax Number	
Contact Number	OTHERS-98508897
Email Address	FARFALLA@LEAHINEA.COM.SG

Address	BLK 210 JURONG EAST STREET 21 #02-385
Postcode	600210
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 - 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: : COLLEAGUE 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	SML5496C
Vehicle Make/Model/Colour	RENAULT SCENIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALI
NRIC/Passport Number	
Contact Number	81115770
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

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.

Ja Hin Co (Electrical Appliances) P L

293 Alexandra Road, S(159940)

Tel: 6476-4979 6476-6945

Service Dept: 6476-6595

Policyholder's Signature: 6471-2154

Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 25/8

3pm

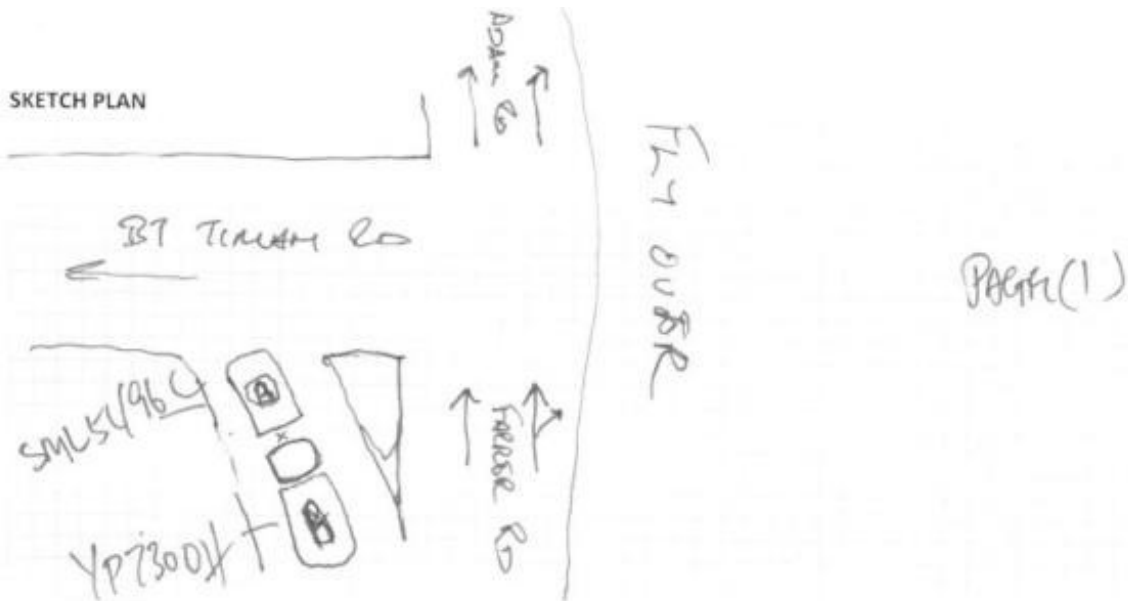
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT FARRER RD EXIT BT TIMAH RD MY LORRY WAS BEHIND THE CAR (SML 5496C) WHILE AWAITING FOR INCOMING VEHICLE TO CLEAR FROM BT TIMAH RD. AS THERE'S NO INCOMING VEHICLE THE CAR MOVE AND I ALSO MOVE SLOW AND AT THE SAME TIME I LOOK IS THERE ANY VEHICLE COMING WEATHER I CAN GO OR CANNOT AND IS STILL CLEAR AND INCOMING VEHICLES. AND WHILE TURN LOOK TO THE FRONT BACK THE CAR (SML 5496C) STOPPED SUDDENLY AND PRESS BRAKE BUT IT'S LATE AND HIT THE CAR AT LOW IMPACT.

I WENT DOWN FROM MY LORRY TO SEE MY DENTED FROM MY LORRY AND IT IS DENTED AT MY LORRY BUMPER (FRONT) AND THE CAR DRIVER AND ME CHECKED AND CONFIRM THERE'S NO DENTED AT THE CAR (SML 5496C) BACK BUMPER. AND THE DRIVER ASK ME THAT HOW CAN MAKE ITS SETTLEMENT? AND WILL CALL THE SAME DAY LATER AS HIS CAR HAS NO DENTED AND HE NEED TO DRIVE FIRST. THERE'S NO INJURY ON ME AND MY ATTENDANT AND ALSO NO INJURY FROM THE CAR DRIVER AND NO PASSENGER INJURED (AS I NEVER NOTICE IS ANY PASSENGER AT HIS CAR) OR CAME DOWN CLAIMING OF AN INJURY TOO. SO I WAITED FOR HIM TO CALL THE WHOLE DAY AND HE NEVER CALL UP. BEFORE MOVE UP I AND

DECLARATION THE DRIVER HAD TAKEN A PHOTO AT HIS CAR AND LORRY.
I/We declare the foregoing particulars are true in every respect.

Lee Hin Co (Electrical Appliances) P L

293 Alexandra Road, S(159940)
Tel: 6476-4978 6476-8945
Fax: 6476-4555 6471-2154

Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/8

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

Accident Sketch Plan

SKETCH PLAN

PAGE(2)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT 24/08/2020 AROUND 17.35 I RECEIVED A CALL ON THE CAR DRIVER BEHALF AND SHE ASK ~~HAD~~ I ALREADY MAKE AN ACCIDENT REPORT ABOUT THE ACCIDENT AS SHE CLAIM THERE'S A DENTED AT THE BUMPER RUC CAR AND A PASSENGER COMPLAIN THERE'S INJURY ON HIM/HER. AND I ASK FOR THE PHOTO THE DENT AND HE SEND ME THE DENTED PHOTO. AS I LOOK THERE'S A DIFFERENT AT THE TIME ACCIDENT HAPPEN WITH NO DENT WITH A PHOTO I HAD TAKEN AND ~~AND~~ ALSO NO PASSENGER CLAIMING OF INJURY AT THE INCIDENT HAPPEN TOO.

DECLARATION

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

Loe Hin Co (Electrical Appliances)

293 Alexandra Road, S11599401

Tel: 6476-4979 6476-6945

Policyholder's Signature: 6476-6595

Date & Time: Service Dept

Fax: 6476-4565 6471-2154

Driver's Signature

(If driver is not the policyholder)

Date & Time: 25/8

3pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Insurance Photo

Accident Photo



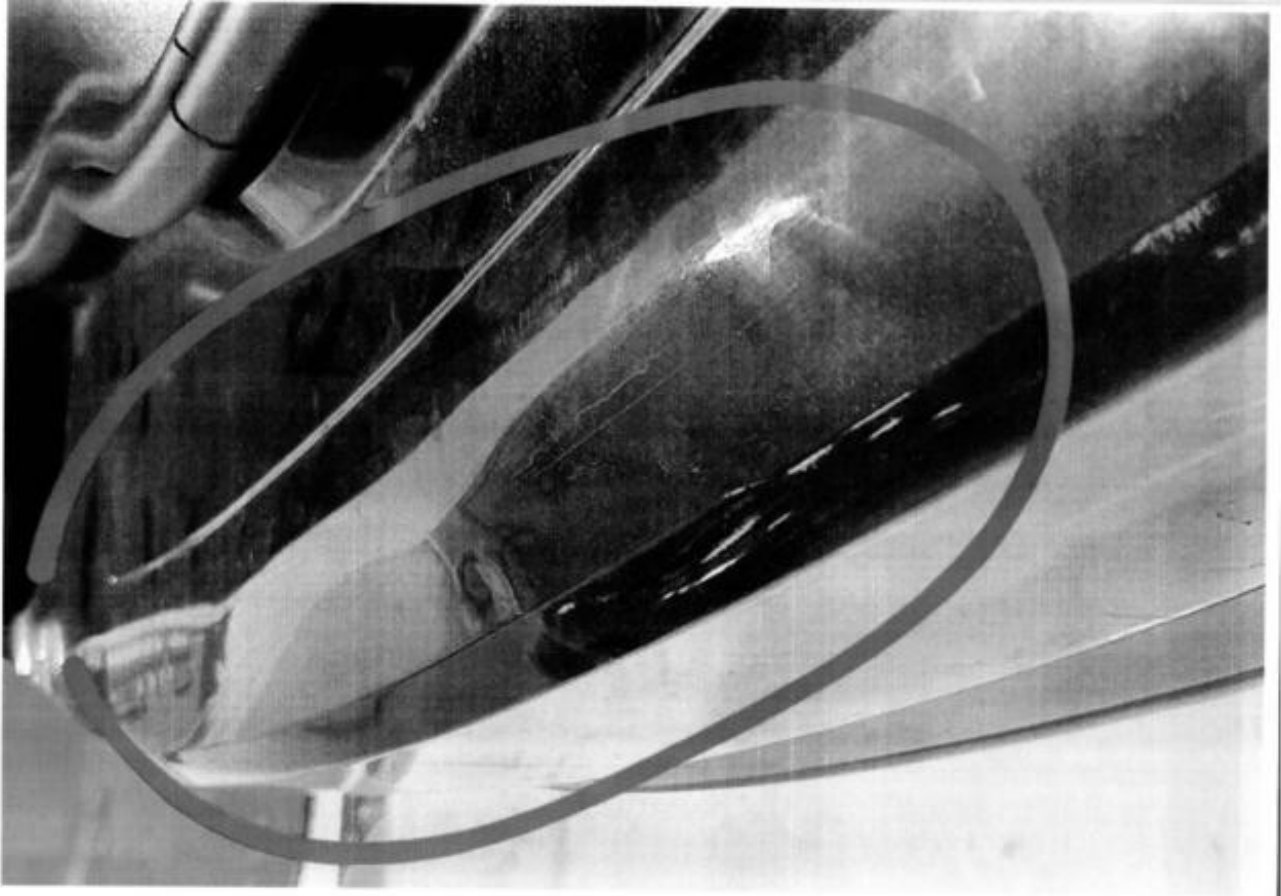
from third party

Accident Photo



from third party

Accident Photo



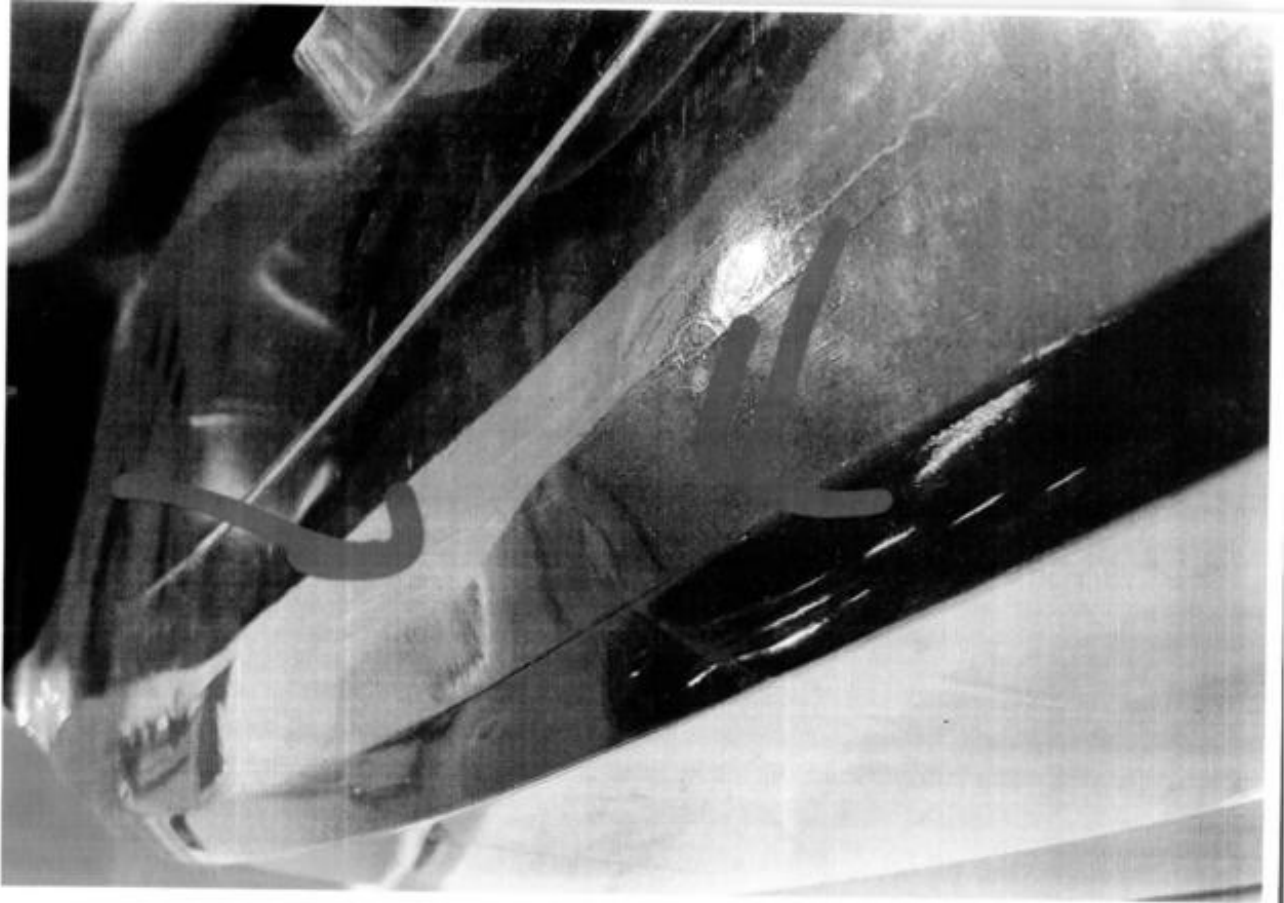
From Third View

Accident Photo



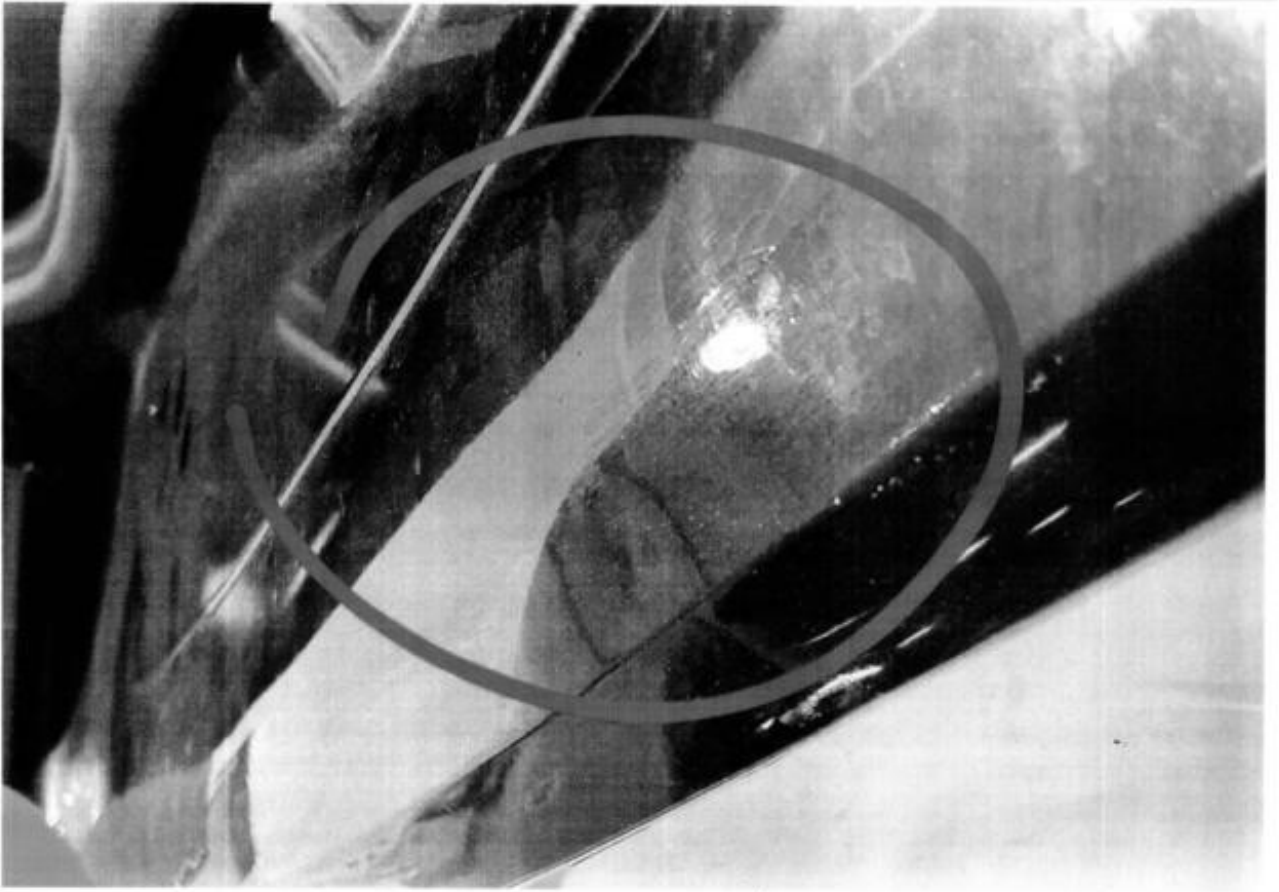
from THIRD PARTY

Accident Photo



from Third Party

Accident Photo



From third party

Accident Photo



Accident Photo



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