

## 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	04/09/2020 15:07
Date Of Accident	04/09/2020 10:00
Exact Location Of Accident	FARRER EXIT PIE/BKE TOWARDS JURONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4072B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOODWILL PLUMBING AND SANITARY ENT PTE LTD
Co Reg No	2XXXXX675W
Email Address	GOODWILL.PLUMBING88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94892498
Alternative Phone No	OFFICE-94892498

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	GOODS VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107815079
Cover Note Number	

### Driver

Name of Driver	CHIA CHOON CHYE
NRIC No	SXXXX073G
Date Of Birth	23/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2000
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94892498
Fax Number	
Contact Number	
Email Address	GOODWILL.PLUMBING88@GMAIL.COM

Address	BLK 351C ANCHORVALE ROAD #15-209
Postcode	543351
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	CHAIN COLLISION
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	4
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)	2
Passenger 1	NAME: : NA 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

THE FIRST VEHICLE, D, IN FRONT JAMMED BRAKE, VEHICLE C HIT ONTO THE REAR OF VEHICLE D. WHEN I NOTICED IT, I MANAGED TO STOP IN TIME. HOWEVER, VEHICLE B BEHIND ME HIT INTO MY REAR AND FORCED MY VEHICLE TO MOVE FORWARD AND HIT ONTO VEHICLE C REAR PORTION.

#### 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	SLU5409U
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	SHAW YUE CHONG PAK
NRIC/Passport Number	SXXXX499C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLN1769T
Vehicle Make/Model/Colour	HONDA
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
Name of Driver	EDUARD BUDIANTO
NRIC/Passport Number	SXXXX836C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SMP6297H
Vehicle Make/Model/Colour	HONDA
Details Of Properties	VEHICLE D
Vehicle Category	PRIVATE HIRE
Name of Driver	MOHD AIDIL BIN TAIB
NRIC/Passport Number	SXXXX324D

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.

Goodwill Plumbing & Sanitary Enterprise Pte Ltd

Policyholder's Signature  
Date & Time:

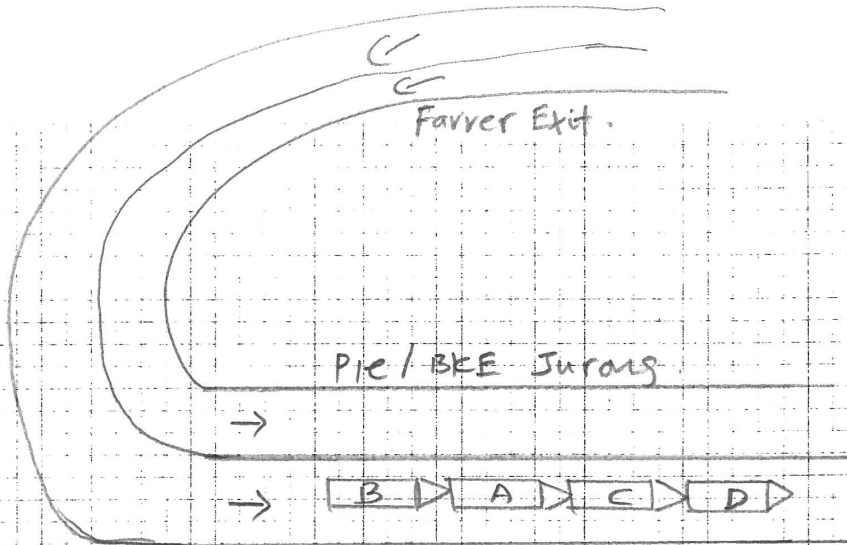
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 04/9/2020



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

SKETCH PLAN

A: GBC 4072 B  
 B: SLU 5409 U  
 C: SLV 769 T  
 D: SMP 6297 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The first vehicle, 'D' in front jammed <sup>brake,</sup> vehicle 'c' hit onto the rear of vehicle D. when I noticed it, I managed to stop in time. However, vehicle 'B' behind me hit into my rear and forced my vehicle to move forward and hit onto vehicle 'c' rear portion.

DECLARATION

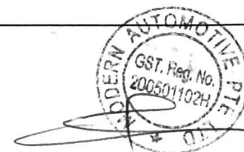
I/We declare the foregoing particulars are true in every respect.

Goodwill Plumbing & Sanitary Enterprise Pte Ltd

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 04/9/2020

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



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





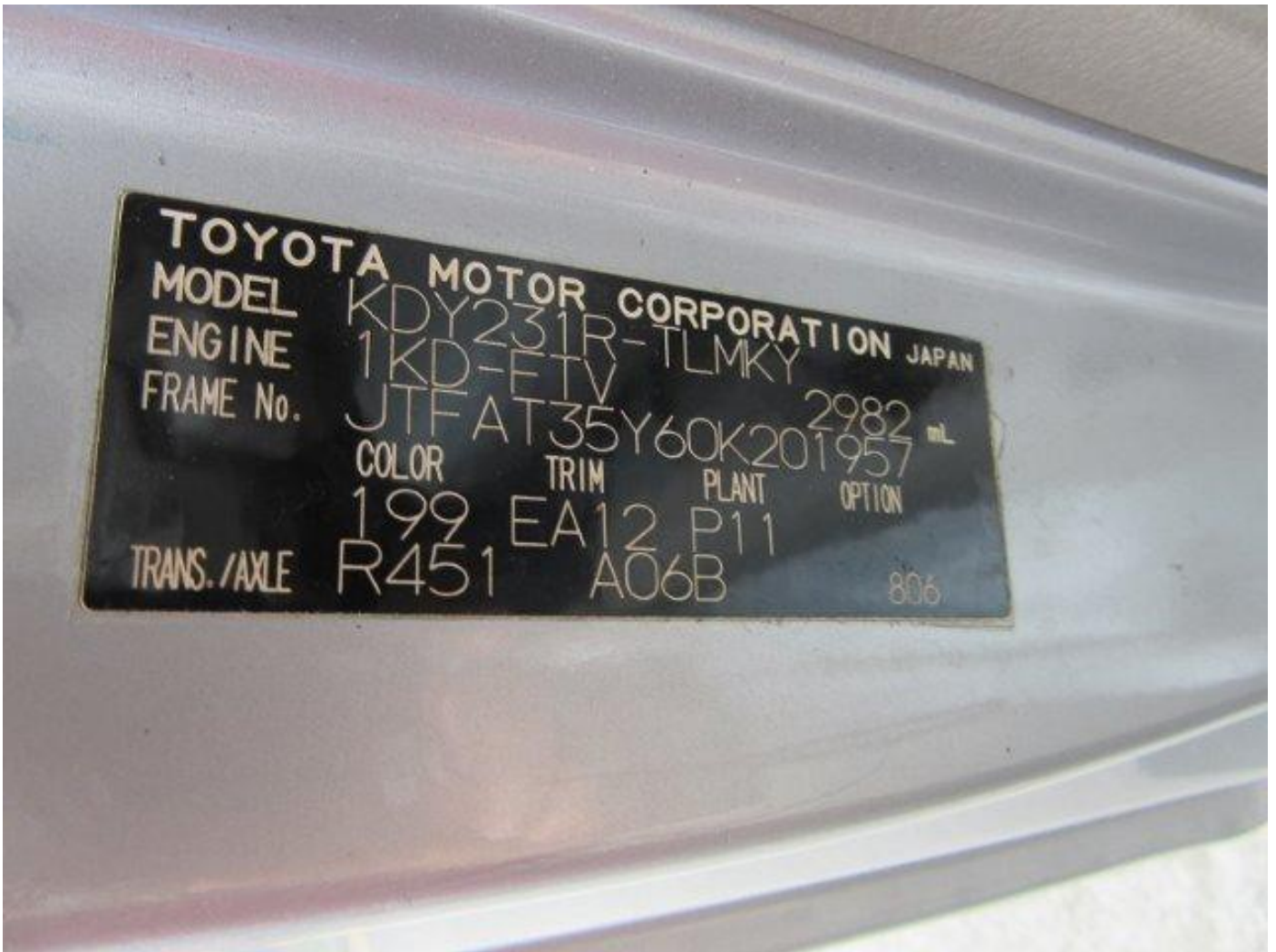
Accident Photo



Accident Photo

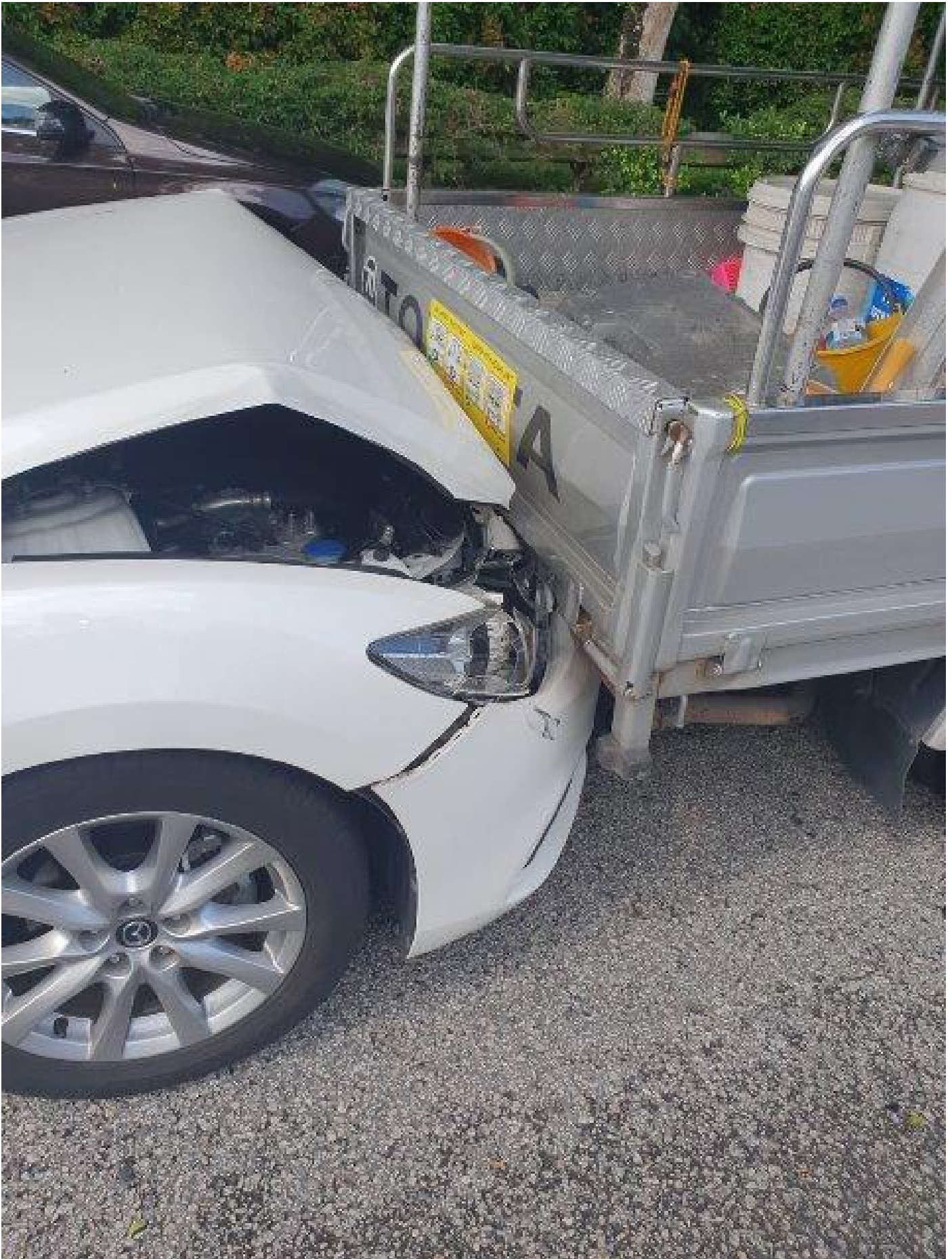


Accident Photo

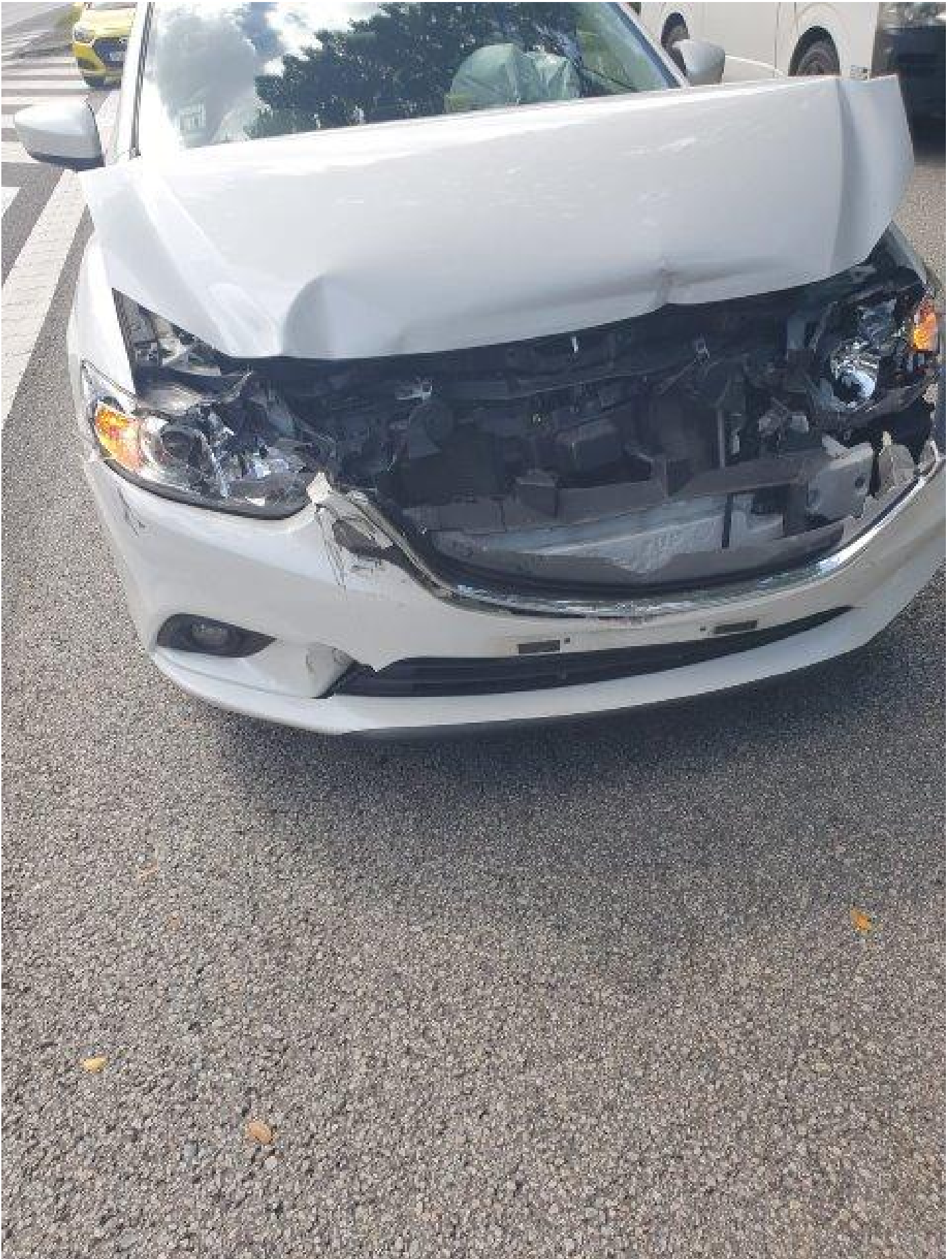




Accident Photo



Accident Photo





Accident Photo

