

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	24/09/2020 10:43
Date Of Accident	03/07/2020 10:30
Exact Location Of Accident	ANCHORVALE CLOSE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3213C
Insured/Policyholder	
Name Of Registered Owner	GRAND SINCERE TRANSPORTATION
Co Reg No	5XXXX577E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92393657
Alternative Phone No	OFFICE-92393657

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111945802
Cover Note Number	

Driver

Name of Driver	WANG KENG MUI
NRIC No	SXXXX338F
Date Of Birth	17/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1978
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92393657
Fax Number	
Contact Number	OTHERS-92393657
Email Address	NOEMAIL

Address	BLK 676 HOUGANG AVENUE 8 #04-565
Postcode	530676
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	NO 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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200824/2125

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	SFE1973M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

 **Grand Sincere
TRANSPORTATION**
Blk 408 Ang Mo Kio Ave 10
#01-385 Singapore 560408

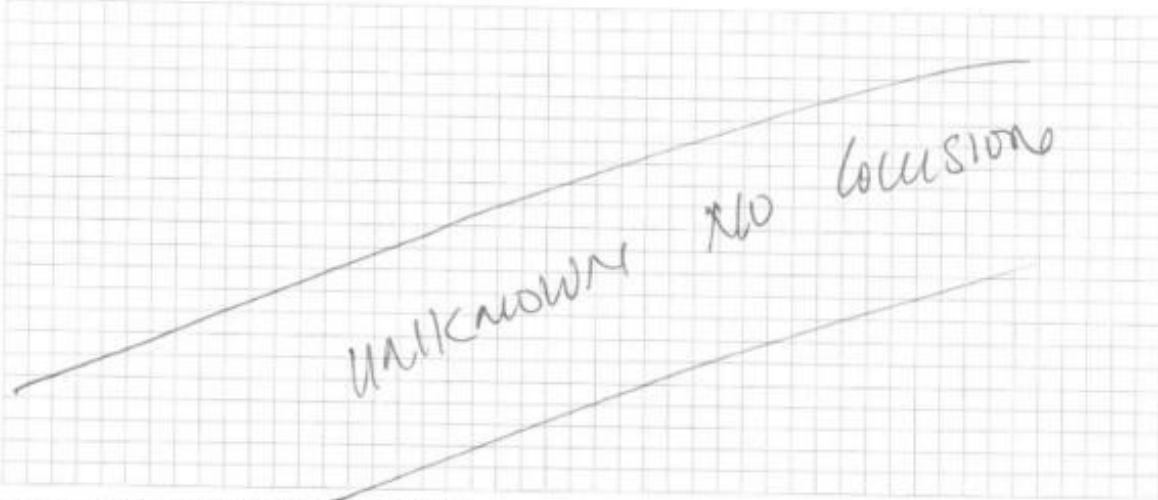
Policyholder's Signature
Date & Time:

 24/9/2020
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 24/09/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2020874/2125

DECLARATION

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



Grand Sincere
TRANSPORTATION

Policyholder's Signature
Date & Time: 24/5/2020

Driver's Signature
Date & Time: 24/5/2020

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

GIAR/MK SketchPlanForm_V3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200824/2125

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

1 of 3
Report No. T/20200824/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2020 18:46	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars			
Name of Informant: WANG KENG MUI		Address: APT BLK 676 HOUGANG AVENUE 8 #04-565 SINGAPORE 530676	
ID Type / ID No.: NRIC NO / S1296338F		Contact No.: Home/Office: Mobile: 92393657	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 17/04/1958	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2020 10:30	Type of Location: Car Park
Location: ANCHORVALE ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3213C	Van				No Damage	0
SFE1973M	Car				No Damage	0

POLICE REPORT



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POLICE FORCE**



T/20200824/2125

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20200824/2125

CONTINUATION OF REPORT

Brief Details.

I am a freelance driver and I had rented a van bearing registration plate PC3213C since more than 1 year ago. As and when, random company would engage me to fetch their employee from a specific location and to alight them at a given location. Usually the payment methods would be in cash. Occasionally, I would also work as Grab driver using the said vehicle.

To what I can recall, on 03/07/2020 at about 1030hrs, I received a call from a random company with a request to fetch their employee at HDB carpark Blk 350 Anchorvale Close, and to deliver them to International Business Park located at Jurong. Hence, I went to the said carpark and stopped at the drive way of the car park vicinity to fetch the passengers.

After the passengers had boarded my van, I made few reverse and few forward drive to aligned my van into the opposite direction in order to leave the car park vicinity. After which, I left the vicinity for the designated destination. That is all I can recall. No one was injured and no government property was damaged. My van did not have any damage nor scratch. There were no collision nor were there any accident throughout the journey.

However, I received instruction to lodge an NP168 ref to TP/IP/28661/2020. My van have an in car camera, but I am not sure whether the footage dated 03/07/2020 could still be retrieve.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200824/2125

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20200824/2125

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sr Staff Sgt IBNU MUSALLI BIN HAMID 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2020 18:46
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	 SN 40

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

