

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 ability.
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	14/03/2018 09:18
Date Of Accident	13/03/2018 16:15
Exact Location Of Accident	COMMONWEALTH AVE WEST > CLEMENTI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9660R
Insured/Policyholder	
Name Of Registered Owner	TAMPINES TRAVEL PTE. LTD.
Co Reg No	200702456D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000

Vehicle Particulars

Manufacturer	HINO
Model	RK1JSKA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5079906223-01
Cover Note Number	

Driver

Name of Driver	YAP SIEW SIN
NRIC No	S0166834Z
Date Of Birth	03/05/1915
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1968
Driving Experience	49 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84882009
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 407 YISHUN AVE 06 #02-1284
Postcode	760407
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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)	26

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 INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. AFTER THE TRAFFIC TURN GREEN, I THEN MAKE A RIGHT TURN SLOWLY. WHEN MY VEHICLE IS ALREADY 3/4 AT THE SAID JUNCTION. VEHICLE B WHICH IS NEXT TO ME AT THAT TIME, VEERED INTO MY LANE AND THUS COLLIDED ONTO MY VEHICLE RIGHT HAND SIDE. I SAW IT FROM MY SIDE MIRROR, THAT THE SAID VEHICLE WAS TOO NEAR TO ME. AFTER THE INCIDENT THE SAID DRIVER OVERTAKE AND STOP ME. SHE TOLD ME THAT I HAVE GRAZED AGAINST HER CAR WHICH I MYSELF NOT AWARE.

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	SLK8494E
Vehicle Make/Model/Colour	PORSCHE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98473732
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LEFT HAND SIDE
No. Of Passenger (Including Driver)	1

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.



Policyholder's Signature

Date & Time: 14 MAR 2010

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14 MAR 2010

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Signature

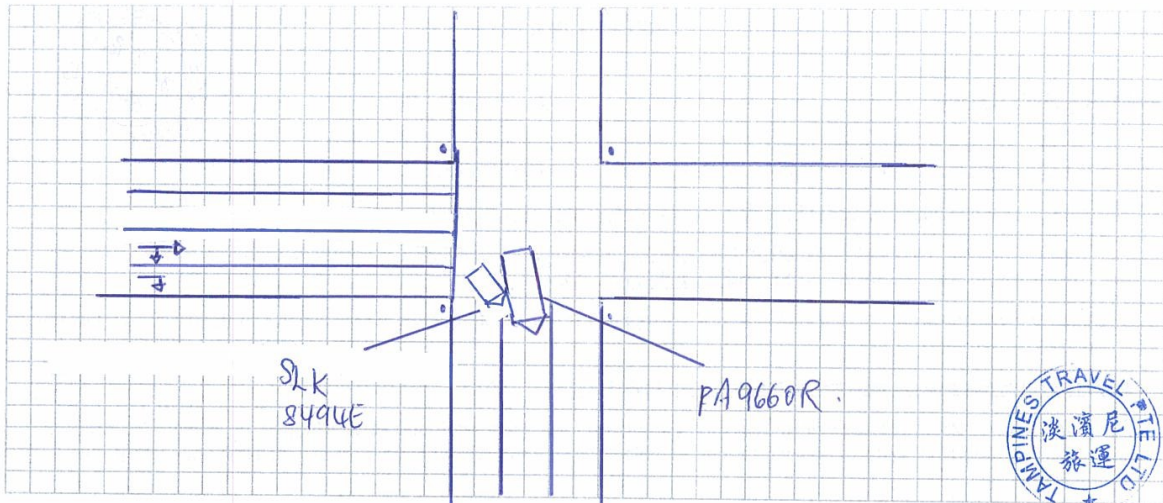
Name: Singapore 415933

Tel: 67416697 Fax: 67492305

NRIC/FIN No.: Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer e-file

DECLARATION

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

Policyholder's Signature
Date & Time:

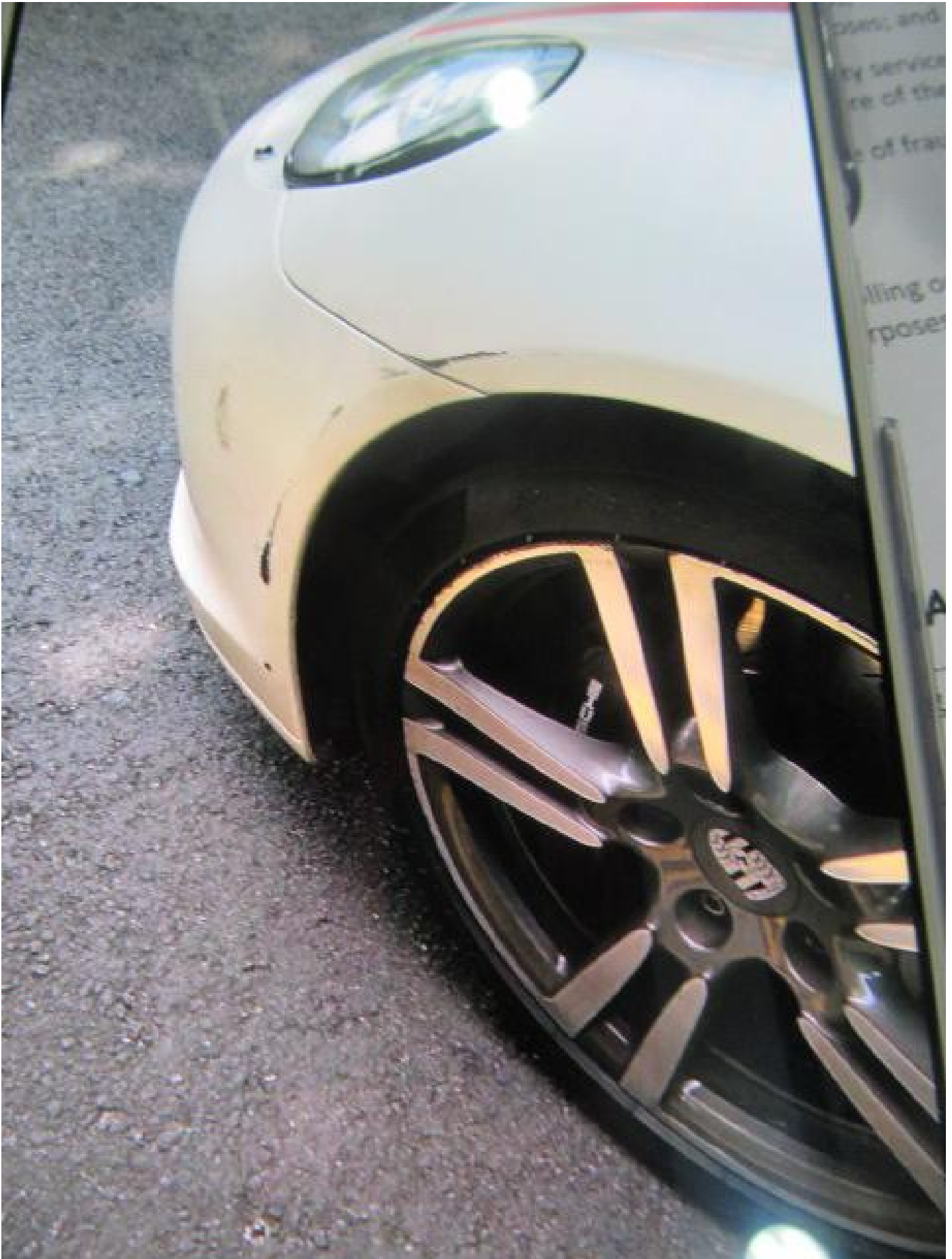
Driver's Signature
(If driver is not the policyholder)
Date & Time:

14 MAR 2019

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4

Reporting Centre Singapore 415923
Name Tel: 67416697 Fax: 67492305
NRIC/FIN No Email: vackb@singnet.com.sg

Accident Photo



Accident Photo



Accident Photo



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