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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	14/10/2020 18:47	
Date Of Accident	12/10/2020 16:45	
Exact Location Of Accident	ALONG JALAN SENANG	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD366A	
Insured/Policyholder		
Name Of Registered Owner	ELITE INTEGRATED SERVICES PTE. LTD.	
Co Reg No	2XXXXX161W	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96199092	
Alternative Phone No	OFFICE-96199092	
Vehicle Particulars		
Manufacturer	VOLKSWAGEN	
Model	CADDY-1.6 D (M)	
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	5119058093	
Cover Note Number		
Driver		
Name of Driver	TAN CHEW SIM	
NRIC No	SXXXX974E	
Date Of Birth	05/09/1963	
Occupation	OUTDOOR	

13/10/1983

36 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96199092

Fax Number

Date Of Driving Pass

Driving Experience

Contact Number OTHERS-96199092

EMail Address NOEMAIL

BLK 507 WEST COAST DRIVE Address

#11-237

Postcode 120507

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

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR**

Road Surface DRY

Other Information

ambulance?

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

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?

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)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP2467T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver SUN WANLI GXXXX401K NRIC/Passport Number 97712027 **Contact Number**

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

Veh A: GED 366 R Veh B: YP 24 43 T

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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)
 - (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
- 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.

" I AM ANWRED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLASS UNDER MY DWA POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

ELITE INTEGRATED SERVICES

PTELTO

Policyholder's Signature

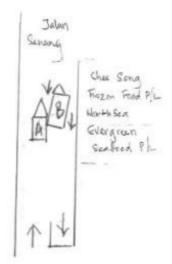
Driver's Signature (if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's

Name: NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN Veh A: GBb 366 A Veh B: YP 2467 T



DESCRIBE CIRCUMSTANCES OF TI	RE ACCIDENT	
White is driving along	Jalan Senana outside 1	selwien Evergreen Sentord P/L 6
thee Song Frezen Food	Re LLd. I Saw Uchiel	3
11		
then i apply hown an	d make R-brake to	Complete Stop. However, Vehicle B
Continue to make a	reverse and hit outo	my vehicle.
		9
CLARATION		
Ve declare the foregoing particulars a	re true in every respect	/
		/ , 1
LITE LA SEGRATED SERVICES	147	pr 16/10/2000
lcyholder's Signature	Driver's Signature	Reporting Centre Paragraph's Eignature
	(if driver is not the policyholder)	Hame: DOD JUDIN

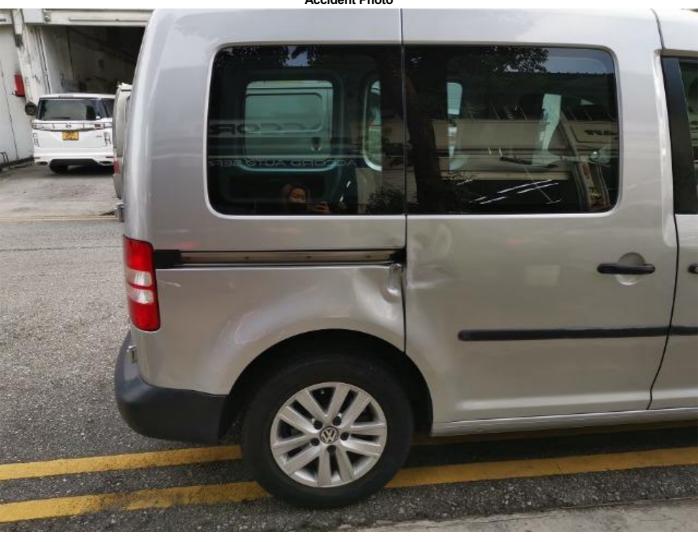


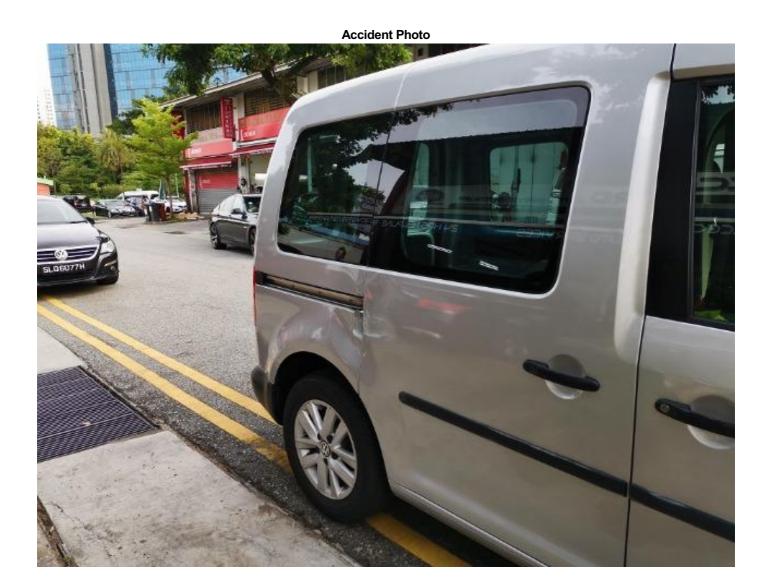




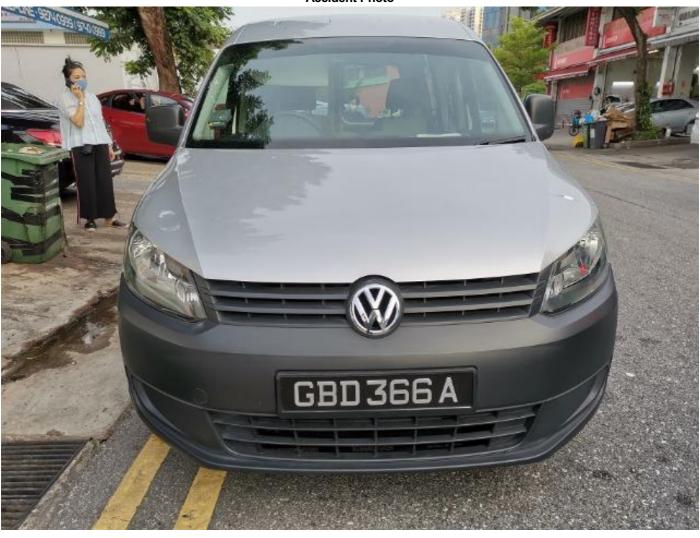


















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Haffies Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 5465500206 / GRT Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : NNA 4200400 64 Vehicle Registration No: CBD 366A Namerasshownin Wich: Tan Chas Sim NRIC/FIN/Passport No : \$ 2185 974 € (*Venicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singaporel 9619 9092 Contact (Tel) Mobile No. : Email Address 12/10/2020 Date of Accident : Place of Accident : Jalan Cenana Insurance Company: NEU C I wome lugurance Co-operative Led (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend Claim Type To ' Reporting Only' ELITE IN EGRATED SERVICES PIFLIA A Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: 16 OCT /2020 Name: NRIC/FIN No .:

Date: