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 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.			
		ACCIDENT STATEMENT	
	Date Of Report	30/10/2020 10:31	
	Date Of Accident	29/10/2020 15:25	
	Exact Location Of Accident	BLK 4010 ANG MO KIO AVE 10 S(569626)	
	Country/State of Loss	SINGAPORE	
	D	DETAILS OF OWN VEHICLE	
	Vehicle Registration Number	PC2028C	
	Insured/Policyholder		
	Name Of Registered Owner	PBA (S) PTE LTD	
	Co Reg No	1XXXXX909E	
	Email Address	ADELINE.KUA@PBA.COM.SG	
	Mobile Phone No		
	Alternative Phone No	OFFICE-65766770	
	Vehicle Particulars	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	
	Manufacturer	TOYOTA	
	Model	TOYOTA HIACE HIROOF AUTO 14 SEATER	
	Exact Purpose for which vehicle was being used at time of accident	PARKED	
	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	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	5062438425-06	
	Cover Note Number	01/11/19 - 31/10/20	

Cover Note Number 01/11/19 - 31/10/20

Driver

Name of Driver SUBRAMANIAN PRABU

NRIC No GXXXX862K Date Of Birth 13/06/1982 Occupation OUTDOOR **Date Of Driving Pass** 13/11/2013

Driving Experience 6 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82675036

Fax Number

Contact Number

NOEMAIL **EMail Address**

1000年100日 1000日 1000日

Address

C/O PBA SYSTEMS PTE LTD

Postcode

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

NO

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)

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

My vehicle was parked behind vehicle B when suddenly it made a reverse towards me and I started to sound my horn to alert the said driver. Unfortunately he did not stop and hit onto the front of my stationary vehicle. He refused to exchange his particulars with me.

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

YN5494E

Vehicle Make/Model/Colour

FUSO

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MALAY MALE IN HIS 50'S

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

1.VEHICLE NO.: PC 2028C 2.INSURER CO: HTUC 3.ACCIDENT DATE & TIME: 29 16 20 @ 15:25

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- 5. Any false reporting may be referred to the Police for Investigation.
- The 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.
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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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		
BIK 4010		
AMK AVE 10		
(369626)		A. PC 2028C
4 4	1 1 4	B= YN5494E
		(Fugo Lorry)
B	(A)	Molay male (50's) (molaysian)
ratersa		
raverse		
DESCRIPT CIRCUMSTANCE		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
My volute was	s parked behind bel	ricle B when suddenly
it made a H	everse towards me	and I started to
sound my hor	n to glart the	said driver. Unfortunateli
he did not	stop and his on	to the front of
my stationary	vehicle. He refu	sed to exchange his
particulars will	n me.	
1		
Note : Please note that you	r insurer may have 14days Time Fram	ne for you to submit an Own Damage Claim
under your own comp	orehensive policy. Please check with y	
DECLARATION I/We present to regoing particular	lars are true in every respect.	1
(9)		//2
1	- Sorlas	30/10/20
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnol's Signature Name: (\(\subseteq \subseteq \)

Date & Time:

NRIC/FIN No.:

American A

AUTHORISATION LETTER

Date: 30 10 2020
To : Accident Reporting Centre (ARC)
I / We hereby approve (driver's name) Subramanian Prabu
NRIC/FIN G 6360 862 k our employee / employee of PBA
Systems Pte Utd to drive our m/vehicle no. PC 2018C
and to file the accident report (Third Party claims/Own Damage Claims/Reporting
Only) which occurred on (date) 29 10 2020 @ (time) 15:25
along (location) BIK 4010 Ang Mo Kio Ave 10 S(569626)
9
• Relationship between Insured and driver's company: Same Boss
Thank you.
Regards,
(a)
SIGN & STAMP at the above *
Name of Owner: PBA (5) Ptc Ltd
WRIC / ROC : 198702909 E
Contact No : 65766770
mail: adeline. Kua @ pba, com, sq

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 909E

Vehicle Details

 Vehicle No.:
 PC2028C

 Vehicle to be Exported:
 No

Intended Deregistration Date: 31 Oct 2020
Vehicle Make: TOYOTA

Vehicle Model:TOYOTA HIACE HIROOF AUTO 14 SEATERPrimary Colour:SilverManufacturing Year:2013

 Manufacturing Year:
 2013

 Engine No.:
 1KD2315575

 Chassis No.:
 JTFST22P400017655

Maximum Power Output:

Open Market Value:\$37,122.00Original Registration Date:31 Oct 2013First Registration Date:31 Oct 2013

Transfer Count: 0
Actual ARF Paid: \$1,857.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00
Intended COE Rebate Details

COE Expiry Date: 30 Oct 2023

COE Category: C - Goods Vehicle & Bus

 COE Period(Years):
 10

 QP Paid:
 \$76,001.00

 COE Rehate Amount:
 \$22,779.00

COE Rebate Amount: \$22,779.00

Total Rebate Amount: \$22,779.00

The information contained herein is correct as at 31 Oct 2020

ОК