# **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.

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   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 Submission 17/12/2020 10:20 (SGT) Date of Accident 16/12/2020 14:00 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information before dairy farm exit Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Mitsuhishi

Vehicle Registration Number YN1329B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner THE NEW CHARIS MISSION Company Reg No TXXXXX166B **Email Address** enquiry@newcharis.com.sq Mobile Phone No (Phone) +65-64833707 Alternative Phone No (Office) +65-64833707

VEHICLE PARTICULARS

Manufacturer

Model Fe83beosrdea Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Reporting only Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company **NTUC** Type of Coverage Comprehensive Fleet Policy Policy Number 5116584961 Cover Note Number

DRIVER

Name of Driver **TOH CHIN CHUAN** NRIC No SXXXX378A Date Of Birth 28/03/1957 Occupation Outdoor

Date Of Driving Pass 20/06/2013 Driving experience 7 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-87791772 Alt. Phone Number Email Address enquiry@newcharis.com.sg Address BLK 2D UPPER BOON KENG ROAD Address complement #21-656 Postcode 384002 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Male PASSENGER 2 Name Gender Male PASSENGER 3 Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

No

No

Was there any audio recorded?

Was there any video captured by Car Camera?

Vehicle Registration Number	GBJ2340D
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 The Edward The Clark (Sets) Nav Signs No hich may be sited outside of Singapore, for one or more of the above Purposes.

Mailing Address

Thomson Road Post Office P.O. Box 305, Singapore 915711

11 Jalan Ubi, Block 1 #01-01

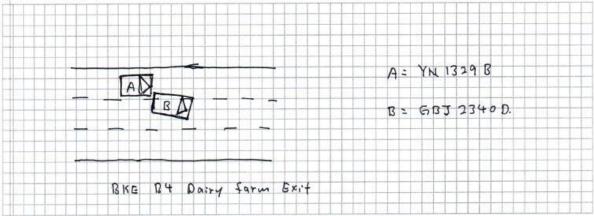
Kembangan-Chai Chee Community Hub

Singapore 409074 Pulley holder 6, Signature / Date & / 674 Driver's Signature (If driver is not the policyholder) / Date & Time

EHBH: office@tncm.org.sg

Witnessed by Reporting Centre Personnel

#### Sketch Plan



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