

#### 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 Submission 01/02/2021 18:13 (SGT) Date of Accident 01/02/2021 14:45 (SGT) Exact Location of Accident Woodlands Ave 12, Singapore TRAFFIC X JUNCTION ALONG WOODLANDS AVE 12 BEFORE Additional Location Information TURNING TO GAMBAS AVE Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBE8934C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner RONG JIE BUILDING CONTRACTORS Company Reg No 5XXXX270C Email Address RJCONTRACTORS@HOTMAIL.SG Mobile Phone No (Phone) +65-81396555 Alternative Phone No (Home) +65-81396555

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of Employment

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company **NTUC** Type of Coverage Comprehensive Fleet Policy Policy Number 5079363639-04

Cover Note Number

DRIVER

Name of Driver YOU YANMING NRIC No SXXXX421C Date Of Birth 29/02/1964

| Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?  | Outdoor 18/02/2009 12 YEARS Male (Phone) +65-81396555 - RJCONTRACTORS@HOTMAIL.SG BLK 170 YISHUN AVENUE 7 #15-873 - 760170 No Other 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 Weather Conditions Road Surface OTHER INFORMATION  | Collision - Head to Rear<br>Clear<br>Dry  |
| Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged?  Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No 2 No - Yes 1   |
| DETAILS OF POLICE ACTION  |   |
| Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  | No<br>No<br>-   |
| CIRCUMSTANCES OF ACCIDENT   |   |
| REFER TO ATTACHMENT   |   |
| ATTACHMENT(S)   |   |
| Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?   | Yes<br>Yes<br>No  |
| DETAILS OF OTHER  | VEHICLE PROPERTY 1  |
| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode  | GBB424B Commercial vehicle  |

Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

### SKETCH PLAN

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

l 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 insurers) 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")

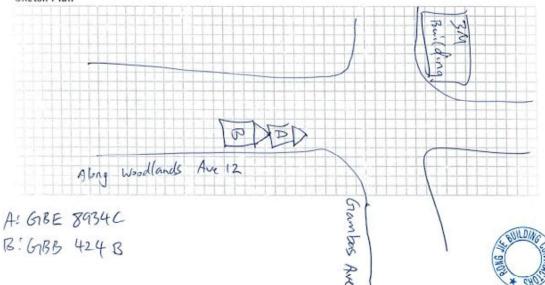
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers law), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Mitnessed by Reporting Centre Personnel

Sketch Plan



| Describe Circumstances of the Accident   |
|--|
| Pate: 1/2/2021   |
| Pate: 1/2/2021<br>Time: 1445hrs  |
| Location: Traffic cross Junction along woodlands Ave 12 Aturning Right into Grambas Avenue.                  |
| Right into Gambas Avenue.  |
|  |
|  |
| On the above mentioned Daty Time & location. I was   |
| Driving my vehicle GBE 8934C, at the traffic Juxtion   |
| 1 was stationary while waiting to turn Right into (GBB++4B) Grambas Aume, A whicle Hom the back collide onto |
| Grambas Aume, A whicle from the back collide onto  |
| the Rear of my car.  |
| U  |
| There was no injury at the point of time.  |
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| email GIA Report to accident a) my infinity com-say  |
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## Declaration

 $\ensuremath{\mathsf{IWe}}$  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

Witnessed by Reporting Centre Personnel

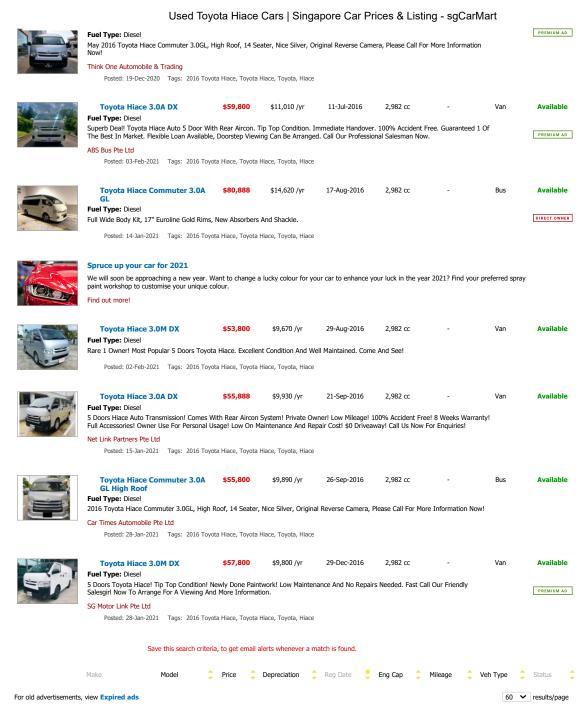
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**Enquire PARF/COE Rebate for Registered Vehicle** 

| Vehicle Owner Particulars     |                         |
|-------------------------------|-------------------------|
| Owner ID Type:                | Business                |
| Owner ID: Vehicle Details     | 270C                    |
| Vehicle No.:                  | GBE8934C                |
| Vehicle to be Exported:       | No                      |
| Intended Deregistration Date: | 03 Feb 2021             |
| Vehicle Make:                 | TOYOTA                  |
| Vehicle Model:                | HIACE DX 3.0 A          |
| Primary Colour:               | Silver                  |
| Manufacturing Year:           | 2016                    |
| Engine No.:                   | 1KD2592431              |
| Chassis No.:                  | KDH2010190434           |
| Maximum Power Output:         | -                       |
| Open Market Value:            | \$32,872.00             |
| Original Registration Date:   | 20 Apr 2016             |
| First Registration Date:      | 20 Apr 2016             |
| Transfer Count:               | 1                       |
| Actual ARF Paid:              | \$1,644.00              |
| Intended PARF Rebate Details  |                         |
| PARF Eligibility:             | No                      |
| PARF Eligibility Expiry Date: | •                       |
| PARF Rebate Amount:           | \$0.00                  |
| Intended COE Rebate Details   |                         |
| COE Expiry Date:              | 19 Apr 2026             |
| COE Category:                 | C - Goods Vehicle & Bus |
| COE Period(Years):            | 10                      |
| PQP Paid:                     | \$4,607.00              |
| COE Rebate Amount:            | \$2,400.00              |
| Total Rebate Amount:          | \$2.400.00              |

The information contained herein is correct as at 03 Feb 2021

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