

# 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 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 ..... 08/02/2021 16:23 (SGT)  
Date of Accident ..... 07/02/2021 18:30 (SGT)  
Exact Location of Accident ..... Ang Mo Kio Ave 10, Singapore  
Additional Location Information ..... TURN LEFT TWDS AMK AVE 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YJ9797B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... THE NEW CHARIS MISSION  
Company Reg No ..... TXXXXX166B  
Email Address ..... marvintham@tncm.org.sg  
Mobile Phone No ..... (Phone) +65-64833707  
Alternative Phone No ..... (Office) +65-64833707

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... CANTER FEB21ER4SDEB (CBU)  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
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 ..... No  
Policy Number ..... 5116584961  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN BAO DI  
NRIC No ..... SXXXX384G  
Date Of Birth ..... 04/04/1986  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/10/2008
Driving experience .....	12 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-64833707
Alt. Phone Number .....	-
Email Address .....	marvintham@tncm.org.sg
Address .....	BLK 432 HOUGANG AVE 6
Address complement .....	#09-194
Postcode .....	530432
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 .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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) .....	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	COLLEAGUE
Gender .....	Male

#### PASSENGER 2

Name .....	COLLEAGUE
Gender .....	Male

#### PASSENGER 3

Name .....	COLLEAGUE
Gender .....	Male

#### PASSENGER 4

Name .....	COLLEAGUE
Gender .....	Male

#### PASSENGER 5

Name .....	COLLEAGUE
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

PLS REFER TO THE ATTACHED STATEMENT.

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 ..... GBE6161D  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... LER SEE MENG  
 Passport No/FIN ..... FXXXX360N  
 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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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)**

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.

**THE NEW CHARIS MISSION**

Mailing Address

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

Location

11 Jalan Ubi, Block 1 #01-01

Kepong Road, Old Chinese Community Hub  
Singapore 409074

Tel: 6483 3707 Fax: 6483 3658 / 6742 2326

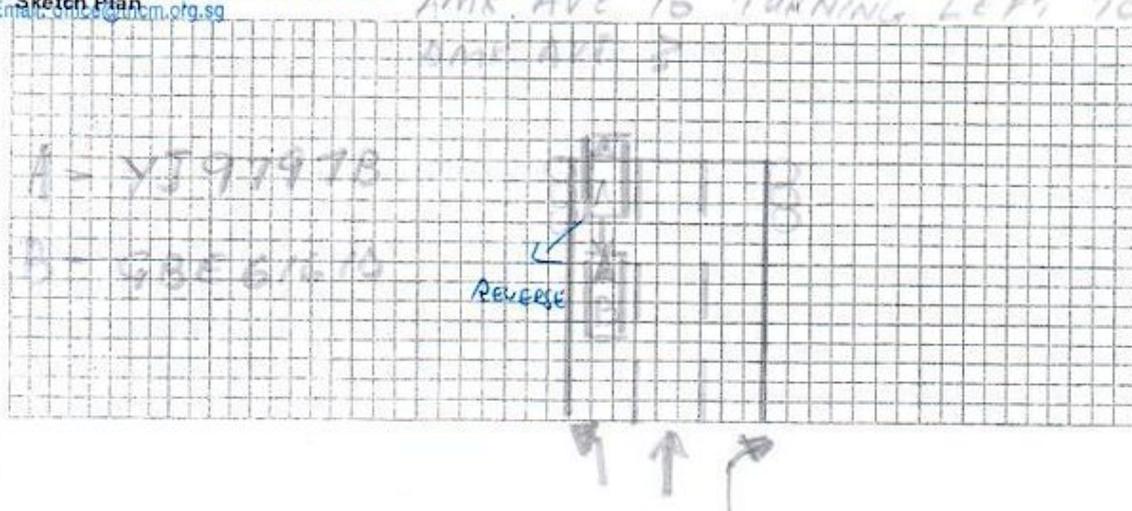
Entail: entail@ntm.org.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



**Describe Circumstances of the Accident**

I was travelling along AMK Ave 10 turning left  
towards AMK Ave 3. When the traffic light change red  
I stopped my veh. When I realised my veh  
blocked <sup>for</sup> pedestrian crossing, I reversed my veh. While  
reversing my veh hit onto the front portion of veh  
B.

**Declaration**

**THE NEW CHARIS MISSION**

We declare that the foregoing particulars are true in every respect.

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

**Location**

11 Jalan Ubi, Block 1 #01-01  
Kembangan-Chai Chee Community Hub  
Singapore 409074

Policyholder's Signature & Date: \_\_\_\_\_  
Time: \_\_\_\_\_

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

  
08/02/21

Witnessed by Reporting Centre  
Personnel













