

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 09/03/2021 12:58 (SGT)
Date of Accident 08/03/2021 13:30 (SGT)
Exact Location of Accident Orchard Rd & Handy Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE4996A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FERRARI LOGISTICS SINGAPORE PTE LTD
Company Reg No 2XXXXX461H
Email Address JESSLYN.YEO@FERRARIGROUP.NET
Mobile Phone No (Phone) +65-97114218
Alternative Phone No (Home) +65-97114218

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Starex
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 5106464845-02
Cover Note Number -

DRIVER

Name of Driver MOHAMAD ASRI BIN ROSLI
NRIC No SXXXX277C
Date Of Birth 21/05/1988
Occupation Outdoor

Date Of Driving Pass	05/11/2007
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91544528
Alt. Phone Number	-
Email Address	ASRY21@HOTMAIL.COM
Address	BLK 264 TAMPINES ST 21
Address complement	#07-126
Postcode	520264
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MOHD ASRI BIN JUHARI
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.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY1989E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HOE KEEN WAI, GLENN
NRIC No	SXXXX506E

Contact Number	(Phone) +65-91879550
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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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.

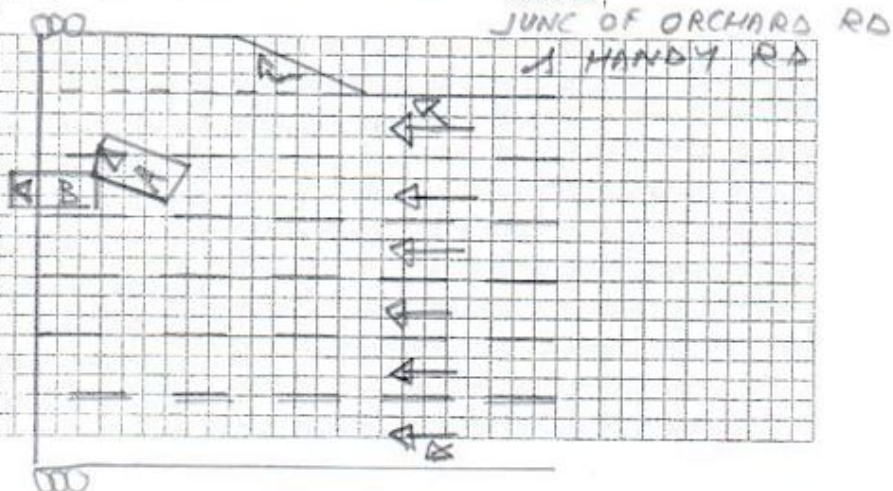
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - GBE4996A
B - SMY1989E



Describe Circumstances of the Accident

I WAS TRAVELLING ALONG ORCHARD ROAD ON THE THIRD LANE. IN FRONT OF ME WAS A BLACK CAR BRAND AVANTE 5. UPON REACHING THE JUNCTION OF RANDY ROAD, THE CAR IN FRONT OF ME BRAKE HARD WHEN THE TRAFFIC LIGHT JUST TURN AMBER. HE ALREADY PASS THE STOP LINE WHEN THE LIGHT CHANGE. I COULD NOT BRAKE/STOP IN TIME AND I SWERVE TO THE RIGHT LANE AFTER I CHECKED THAT LANE WAS CLEAR. I DID THIS AS TO AVOID DIRECT COLLISION TO THE BACK OF HIS CAR. BUT IT WAS ALL TOO LATE AND MY VAN FROM LEFT HIT HIS CAR REAR RIGHT LIGHT AND BUMPER. AFTER THE ACCIDENT, I WAS SHAKEN AS IT WAS MY FIRST. THEN I ASKED BOTH OF THEM IF THERE WAS ANY INJURIES. NO INJURIES WERE REPORTED.

Declaration

We 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











