# **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 23/03/2021 10:25 (SGT) Date of Accident 22/03/2021 13:30 (SGT) Exact Location of Accident Upper Serangoon Rd, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SI K2777D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner N.P.FOODS (SINGAPORE) PTE LTD

Company Reg No

Email Address nps-sales2@npsin.com Mobile Phone No (Phone) +65-81808272 Alternative Phone No

+65-81808272

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish

Variant

Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto

CC 1800

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number 2100497093-04

Cover Note Number

DRIVER

Name of Driver ABRAHAM MOH WEN ZHE NRIC No.

SXXXX319G

Date Of Birth 07/11/1994 Occupation Outdoor Date Of Driving Pass 07/01/2016 Driving experience 5 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-81808272 Alt. Phone Number Email Address nps-sales2@npsin.com Address BLK 289 BISHAN ST 24 #14-13 Address complement Postcode 570289 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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 KLAIR JIANG XIAO LEI Gender Female 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 Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YP8790U Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

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)	_

## **INJURED PERSONS DETAILS**

### INJURED 1

Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	KLAIR JIANG XIAO LEI  BODY SLK2777D Yes No

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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:
- 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.
- 7. By the lodgment 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 (POPA)

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 usurer (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 time, 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 engulates 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 tirms, 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 thick 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, taws or court orders.

N.P. FOODS (SINGAPORE) PTEAT

Policyholder's Signature Date & Time:

Oriver's Signature (if driver is not the policyholder)

Date & Time:

THE

Reporting Centre Personner's Signature

NRIC/FIN NO

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