

# 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	06/04/2021 12:33 (SGT)
Date of Accident	05/04/2021 16:50 (SGT)
Exact Location of Accident	Near Blk 610, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH6737C

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EASTORIA CONSTRUCTION PTE. LTD.
Company Reg No	2XXXXX012Z
Email Address	account@eastoria.com.sg
Mobile Phone No	(Phone) +65-63331313
Alternative Phone No	(Office) +65-63331313

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variants	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2488

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118535779
Cover Note Number	26/09/2020 - 25/09/2021

### DRIVER

Name of Driver	KOH BOK SING JEREMY
NRIC No	SXXXX366H

Date Of Birth	13/05/1974
Occupation	Outdoor
Date Of Driving Pass	17/09/2003
Driving experience	17 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98679695
Alt. Phone Number	-
Email Address	jeremykbs2@gmail.com
Address	BLK47 LENGKOK BAHRU
Address complement	#02-239
Postcode	151047
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	DRIZZLING
Road Surface	Wet

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE 5TH APRIL 2021 AT ABOUT 1650 HRS, I WAS DRIVING MY COMPANY VAN ALONG AYE TOWARDS JURONG (SOMEWHERE NEAR TO CLEMENTI). AT THAT TIME I WAS ON THE 2ND LANE AND APPLIED MY BRAKE TO SLOWDOWN AND STOPPED AS THERE ARE HEAVY TRAFFIC IN FRONT OF ME. MOMENTS LATER AFTER I STOPPED, A VEHICLE COLLIDED TO THE REAR OF MY VAN CAUSING MY VAN TO MOVE FORWARD. I MANAGE TO APPLIED MY BRAKE TO PREVENT HITTING ANOTHER VEHICLE. NO ONE WAS INJURED DUE THE COLLISION. NO POLICE OR AMBULANCE CAME. DUE TO THE COLLISIONS, THE REAR DOOR AND BUMPER WAS DAMAGED, TOGETHER WITH REAR RIGHT LIGHT COVER. I HAVE NOTIFY MY COMPANY ABOUT THE ACCIDENT AND WILL BE INFORMING THE VEHICLE INSURANCE ABOUT THE ACCIDENT. AT THE TIME OF ME LODGING THIS REPORT, I FELT PAIN AT THE BACK (UPPER SIDE OF BODY) AND MY NECK. I WILL BE GOING TO SGH FOR CHECK UP SOON AFTER.

#### 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	YP9912D
Vehicle Manufacturer	-
Vehicle Model	-
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)	1

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	KOH BOK SING JEREMY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**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 :

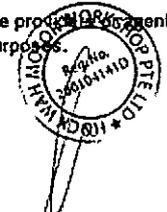
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the making 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/agents (including Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



*[Handwritten signature]*



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

<p>AYE towards Juryang Crane element</p>		<p>A - 40146737C B - 409912D</p>
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