

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	03/05/2021 11:56 (SGT)
Date of Accident	01/05/2021 19:05 (SGT)
Exact Location of Accident	181 Kitchener Rd, Singapore 208533
Additional Location Information	PARK ROYAL KITCHENER HOTEL LOBBY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD2922R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JNB TRAVEL PTE LTD
	2XXXXX374E
Email Address	JNBTRAVEL@OUTLOOK.COM
Mobile Phone No	(Phone) +65-88582922
Alternative Phone No	+65-88582922

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KIB4X2 12L MT ABS TURBO 19T
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 - Claiming third party
Vehicle Category	Bus
Transmission	Manual
CC	11705

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	D18MCV0003367-02
Cover Note Number	-

DRIVER

Name of Driver	LIM YAN MING BENJAMIN
NRIC No	SXXXX097F

Date Of Birth	14/11/1994
Occupation	Outdoor
Date Of Driving Pass	28/12/2015
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88582922
Alt. Phone Number	-
Email Address	JNBTRAVEL@OUTLOOK.COM
Address	BLK 508 SERANGOON NORTH AVE 4 #04-392
Address complement	-
Postcode	550508
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collided Into Parked Vehicle
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)	8
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
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

ON 01/05/2021 AROUND 19:05HRS, I WAS DRIVING MY BUS PC2922R ALONG PARK ROYAL KITCHENER HOTEL. MY BUS WAS STATIONARY AT THE HOTEL LOBBY. SUDDENLY I FELT AN IMPACT FROM THE REAR RIGHT. I ALIGHTED AND SAW VEH B SMG7733G COLLIDED ONTO MY REAR RIGHT PORTION.

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

Vehicle Registration Number	SMG7733G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-


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.
- (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, regulation, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time


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


Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

SKETCH PLAN

A= PD 2922 R

B= SMG 7733G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on a last night around 11:00hrs, I was driving my Bus PC 2922 along Port Royal Kitchener Hotel. My Bus was stationary at the Hotel Lobby. Suddenly I felt an impact from the rear right, I alerted and saw Veh B SMG 7733G collided onto my rear right portion.

DECLARATION

I/we declare the foregoing particulars are true in every respect.

Date & Time: 



Date & Time: 
(I declare as true the police officer)



Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

