

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	16/06/2021 09:40 (SGT)
Date of Accident	15/06/2021 16:17 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	L/P : 15
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE9770B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHENG YAP CONSTRUCTION PTE LTD
Company Reg No	2XXXXX193N
Email Address	maytan@chengyap.com.sg
Mobile Phone No	(Phone) +65-62861180
Alternative Phone No	(Office) +65-62861180

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85aue4aa
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	Commercial vehicle
Transmission	Manual
CC	2999

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5109427826-02-000002
Cover Note Number	-

DRIVER

Name of Driver	LYU HAISHENG
Passport No/FIN	GXXXX450N

Date Of Birth	12/09/1981
Occupation	Outdoor
Date Of Driving Pass	14/05/2013
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86081521
Alt. Phone Number	-
Email Address	maytan@chengyap.com.sg
Address	BLK 37 DEFU LANE 10 #04-53
Address complement	-
Postcode	539214
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	Raining
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I was travelling along Sims Ave & i was driving straight on Lane 1. Vehicle B suddenly came & banged my vehicle rear portion caused onto damaged. No one was injured.

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	YM9136T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SOKKALINGAM KALYANASUNDHARAM
Work Permit No	GXXXX086Q
Contact Number	(Phone) +65-83471450

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

SKETCH PLAN



A - G&E 92148
B - YAK 92157

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time	12/16/2023	11:27AM
Accident Location	State Ave (off rd)	
<p>I was passing along State Ave & I was driving straight on lane 1. Vehicle B suddenly came & crossed my vehicle rear portion impacted with damaged. No one was injured.</p>		
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Claim at other workshop (ODTP)		

DECLARATION

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

IMPORTANT NOTE: This form is provided for informational use only. It is not intended to be used as a substitute for a police report or any other official document. It is not a contract and does not constitute an offer of insurance. It is subject to the terms and conditions of the policy.

Signature: *SJB4*
Date & Time:

Driver's Signature: *SJB4*
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature: *Jordan*
Name: JORDAN
NWC123456

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 team of insurance associations 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 trans for 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 claim including the settlement of the claim and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claim (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 or envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim (including 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/are 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 complete claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (b) 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/ID No:

IMAGES









