

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	15/07/2021 14:38 (SGT)
Date of Accident	14/07/2021 11:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 339D KANG CHING ROAD RUBBISH CHUTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP4601L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	L&C TRANSPORT & DELIVERY SERVICES
Company Reg No	53368896E
Email Address	RAYMOND.4196@GMAIL.COM
Mobile Phone No	(Phone) +65-81981215
Alternative Phone No	+65-81981215

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118892895
Cover Note Number	

DRIVER

Name of Driver	LOW CHENG HAN
NRIC No	

Date Of Birth	Indoor
Occupation	16/12/1993
Date Of Driving Pass	27 YEARS AND 7 MONTHS
Driving experience	Male
Gender	(Phone) +65-81981215
Mobile Number	-
Alt. Phone Number	RAYMOND.4196@GMAIL.COM
Email Address	-
Address	-
Address complement	-
Postcode	-
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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

REFER TO SKETCH PLAN

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	SLM3518T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	ONG CHEE HAO
NRIC No	-
Contact Number	(Phone) +65-90252855
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	LOW CHENG HAN
Address	
Address Complement	
Post Code	
Approximate Age Years Old	46
Injuries Sustained	RIGHT KNEE SWOLLEN
Injured person in which vehicle?	SJP4601L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	CHUA EK KWANG
Phone	(Phone) +65-87558872
Email	ENGIE4196@YAHOO.COM.SG

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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, regulators, 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: 15/07/2021 1435HRS

Driver's Signature

(If driver is not the policyholder)

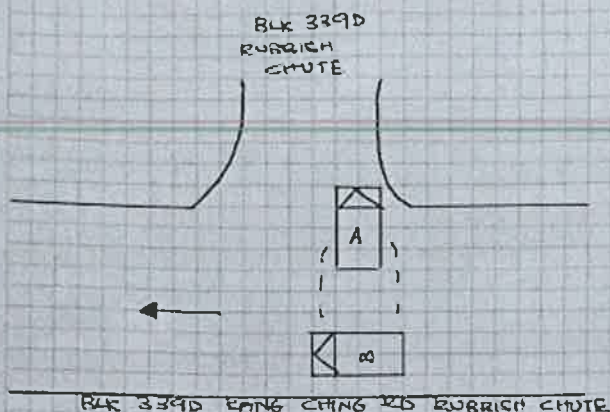
Date & Time: 15/07/2021 1435HRS

Reporting Centre Personnel's Signature

Name: AHMAD SYFION

NRIC/FIN No.: 837057947

SKETCH PLAN



VEH A: SLM 3518T
VEH B: SSP 4601L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/07/2021 at around 1110hrs, my vehicle was stationary at the side service road I was meeting my customer doing delivery. I was opening the door to retrieve my phone when suddenly I heard someone shouting (witness) there was vehicle reversing towards me. I turned my head and saw VEH A: SLM 3518T was reversing fast towards my direction I fell back to my driver seat and use my leg to prevent the car to hit into me. I couldn't prevent it and VEH A hit into my driver seat door and cause damages. The accident caused injury to my right knee and I will be going for follow up treatment.

DECLARATION

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

Policyholder's Signature

Date & Time: 15/07/2021 145502L

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/07/2021 1425H23

Reporting Centre Personnel's Signature

Name: ALONNO SIFUON

NRIC/FIN No.: 31765794A













