

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	26/8/21	Time of Accident:	8.15 AM
Exact Location:	YISHUN AVE 1 towards AVE 8		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	GBK 1969 S	NRIC / FIN / Passport no:	
Name of Registered Owner:	LACOL DELIVERY		
Owner's Email:	wml0028@yahoo.com.sg		
Owner's Address:	Block 321 #08-48 HOUGANG AVE 5 (S) 530321		
Vehicle Make:	NISSAN NV 200	Vehicle Model:	NISSAN
Engine Capacity (cc):	1700	Transmission:	Auto / Manual
Type of Claim:	Own Damage / (Third Party) / Reporting Only		
Vehicle Category:	Private (Commercial) Motorcycle / Private Hire		
Name of Insurance Co:	NTUC Income		
Type of Policy:	(Comprehensive) / Third Party / Third Party, Fire & Theft		
Policy Number:	5115659067		

DRIVER			
Name of Driver:	GOH MUAR SENG		<input type="checkbox"/> same as
NRIC / FIN / Passport no:	S14277881	Date of Birth:	7/9/1960
Occupation:	Indoor / (Outdoor)	Driving Pass Date:	11/7/1979
Contact Number:	96193711	Gender:	Male / Female
Address:	Block 321 HOUGANG AVE 5 #08-48 (S) 530321		
Relationship with Owner:	(Owner) / Employee / Spouse / Child / Hirer / Other:		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	(Chain collision) / Side Swipe / Front to Rear / Others:		
Weather Condition:	(Clear) / Raining / Others:		
Road Surface:	(Dry) / Wet / Others:		
Was anybody injured?	(Yes) / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	01	#	

DETAILS OF OTHER VEHICLE			
	(B) Vehicle 1	(C) Vehicle 2	(D) Vehicle 3
Vehicle Registration No:	GBL 3099 J	SLC 5255 E	SLC 3473 R
Vehicle Make / Model:	NISSAN NV 200	HONDA GRACE	TOYOTA VOIS
Name of Driver:	UNKNOWN	LEE JIN XING	TAN BOON HAI
NRIC / FIN / Passport no:	UNKNOWN	UNKNOWN	UNKNOWN
Contact Number:	UNKNOWN	94308388	93871676
Name of Insurance Co:	UNKNOWN	UNKNOWN	UNKNOWN

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:	GBL 3099 J		

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

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SKETCH PLAN

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. 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 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 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.

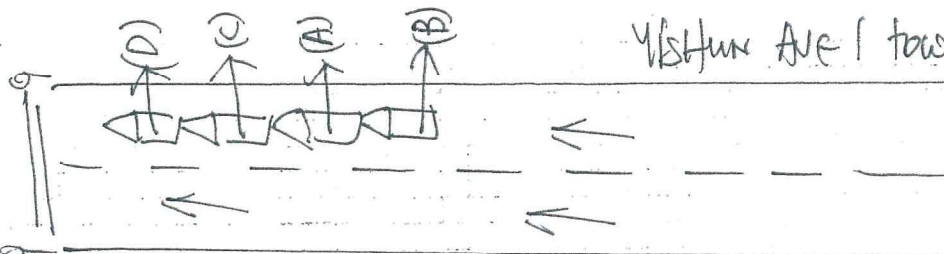
LACOL DELIVERY

Sen
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Traffic light
in red

(A) GBK 1969 S

(B) GBL 3099 J

(C) SLE 5255 E

(D) SLU 3473 R

Describe Circumstances of the Accident

ON 26/8/2021 at about 8.15 AM I was driving my VAN - GBK1969 S along Yishuen AVE 1 towards AVE 8 Traffic junction. The Traffic light was Red, so vehicles (D) - SLE 3473 R (C) - SLE 5255 E (A) - GBK 1969 S ALL stationery at traffic junction. Out of a sudden, a VAN (B) - GBL 3099 J from behind collided onto my VAN - GBK1969 S. The impact was so huge, that my vehicle moved forward and collided onto (C) - SLE 5255 E and (D) - SLE 3473 R. It was a chain accident involved 4 vehicles. Driver of GBL 3099 J was conveyed to Hospital by Ambulance.


REMARK:- I got slight pain on my SHOULDER/ARM/HEAD pain will go and see Doctor later.

Declaration

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

LACOL DELIVERY


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel