



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	30/09/2021 16:49 (SGT)
Date of Accident	29/09/2021 21:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL4540U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PUPPLY.CO
Company Reg No	5XXXX594C
Email Address	AUTOHUB325@GMAIL.COM
Mobile Phone No	(Phone) +65-96356236
Alternative Phone No	(Home) +65-96356236

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123109549
Cover Note Number	-

DRIVER

Name of Driver	NG PUAY KERN
NRIC No	SXXXX457C

Date Of Birth	13/09/1970
Occupation	Outdoor
Date Of Driving Pass	23/03/1993
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96356236
Alt. Phone Number	-
Email Address	AUTOHUB325@GMAIL.COM
Address	59 FLORA DRIVE #01-25
Address complement	-
Postcode	506846
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	Clear
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
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

REFER TO ATTACHED

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	SKK7255Y
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) -

INJURED PERSONS DETAILS

INJURED 1

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

SKETCH PLAN

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4. The value and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insured or insurer.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurer of the GSA 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 completion of this report to the insurer, you hereby consent to the archiving of this report at the centre and it will be made available upon request.
8. Consent under the Personal Data Protection Act (PDPA)
I, undersigned, acknowledge, agree and consent that:
 (a) my insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 furnished by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) 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:
 - administering, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - complying with and/or dealing with my instructions or responding to any enquiries by me;
 - administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve the use of certain personal data about me to bring about delivery of the same as well as on the external cover of correspondence and/or envelope);
 - complying with applicable law in administering, processing, handling and/or dealing with my claims (such as the "Purposes").
 (b) the insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms may be 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 also 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 situated outside of Singapore, for one or more of the above purposes.

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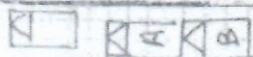
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Yishun Ave 8



Describe Circumstances of the Accident

while driving along Yishun Ave 8, the vehicle in front of me slowed down to make a right turn so I slowed down and suddenly another vehicle no. plate SKK7255 hit me from behind.

Declaration

I declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel