

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	04/10/2021 15:21 (SGT)
Date of Accident	01/10/2021 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS IND PK E8/ E7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1416Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	800 SUPER WASTE MANAGEMENT PTE LTD
Company Reg No	1XXXXX155H
Email Address	enquiries@800super.com.sg
Mobile Phone No	(Phone) +65-63663800
Alternative Phone No	(Office) +65-63663800

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	FVR34P
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	7790

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122190411
Cover Note Number	01/06/2021 -31/05/202

DRIVER

Name of Driver	NEO CHENG HUA
NRIC No	SXXXX004C

Date Of Birth	11/01/1964
Occupation	Outdoor
Date Of Driving Pass	22/10/2003
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-98884771
Alt. Phone Number	-
Email Address	lke@800super.com.sg
Address	BLK 574B WOODLANDS DRIVE 16 #03-756
Address complement	-
Postcode	732574
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 - Major/Minor Rd
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 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

ACCIDENT OCCURED ON 1/10/21 AT ABOUT 4PM. I WAS TRAVELLING STRAIGHT ON MY LANE ALONG WOODLANDS IND PK E8. OUT OF SUDDEN, M/VEHICLE(B) EXITED OUT FROM IND PK E7 WITHOUT STOPPING AT THE STOP LINE TO CHECK FOR TRAFFIC ON MAIN ROAD. I TRIED TO SWERVE TO MY RIGHT TO AVOID, HOWEVER THE SAID VEHICLE CONTINUE TO EXIT OUT AND COLLIDED ONTO MY VEHICLE LEFT SIDE.

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	YN3402J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RANA MD SUMON
Passport No/FIN	GXXXX816U

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.

1. VEHICLE NO.: XD 1416Y
2. INSURER CO.: NMC
3. ACCIDENT DATE & TIME: 1/10/21
1600hrs

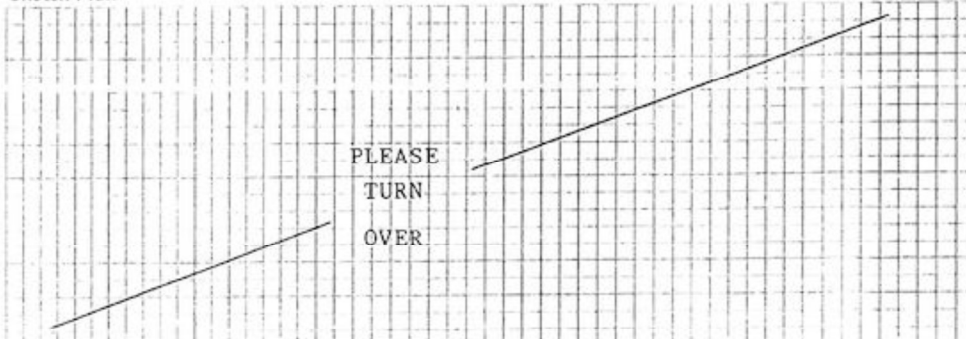
Policyholder's Signature / Date & Time

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

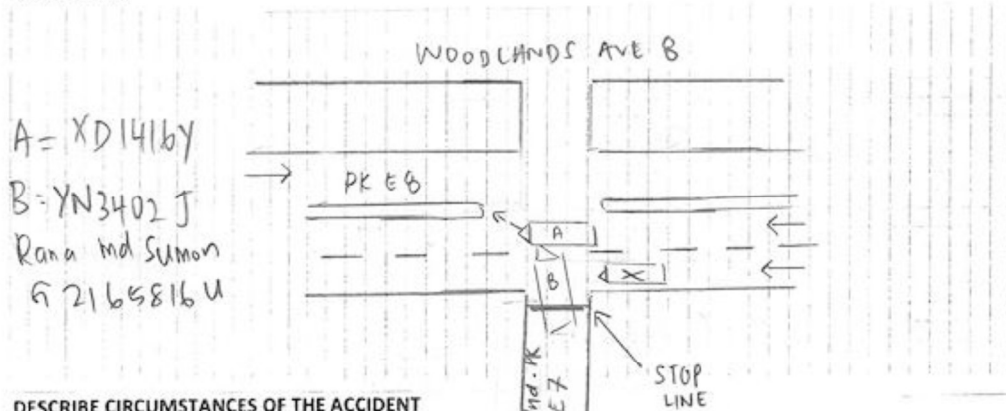
Witnessed by Reporting Centre Personnel

2/10/21
CYS

Sketch Plan



Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOA: 1/10/21 Time: 4pm

Accident occurred on 1/10/21 at about 4pm. I was travelling straight in my lane along woodlands Ind PK E6. Out of sudden, M/vehicle (B) exited out from Ind PK E7 without stopping at the STOP line to check for traffic on main road. I tried to swerve to my right to avoid, however the said vehicle continue to exit out and collided onto my vehicle left side.

No injuries on anyone. I was alone at that time.
Clear/dry weather condition.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: (YS)
NRIC/FIN No.:

() Claim Own Policy (X) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()