# **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 witholding 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.

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   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 05/11/2021 16:52 (SGT) Date of Accident 05/11/2021 14:00 (SGT) Exact Location of Accident KPE, Singapore Additional Location Information along KPE tunnel (from Buangkok East Drive) Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Nissan

2953

Vehicle Registration Number GBB9452K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner A & J Tech and Services Pte Ltd Company Reg No 201907706W Email Address jay@ajservice.org Mobile Phone No (Phone) +65-88763601 Alternative Phone No (Home) +65-88763601

#### VEHICLE PARTICULARS

Manufacturer

Model Urvan Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5124325672 Cover Note Number

DRIVER

CC

Name of Driver Sanjay Giri Asogir NRIC No. S9348367G

Date Of Birth 15/12/1993 Occupation Outdoor Date Of Driving Pass 01/12/2014 Driving experience 6 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-88763601 Alt. Phone Number Email Address jay@ajservice.org Address 1 Scotts Road #24-01 Address complement Postcode 228208 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT refer attached report. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** 

 Vehicle Registration Number
 GBK6721G

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 Wang Lock Fuan

 NRIC No
 S1762469E

 Contact Number
 (Phone) +65-83335023

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

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK3171H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Lim Yunfeng
NRIC No	S8202969I
Contact Number	(Phone) +65-97546324
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number Vehicle Manufacturer	GBH7657T
	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Yan Yuanyuan
Work Permit No	G2173557X
Contact Number	(Phone) +65-93968567
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the	to and time, I was travelling along the strated
Venue At 1 Now of	front vehicle (Vehicle () slewed down, I followed
to slow down as we	ell. Suddenly vehick B collected onto the rear of r
vehicle. The huge amp	met also caused my car to move forward and
collished onto the re	ar of first vehicle (Vehicle C). Offer the collin
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the seene. Ther tell	my the officer about the accordent, he then told me
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Declaration	
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We declare the foregoing particular	S are ting at every a copect.
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A G D A G	1 V I V
- Miles	Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Ce
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date  & Time  Witnessed by Reporting Ce Personnel

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 which may be sited outside of Singapore, for one or more of the above Purposes. (including their law, yers/lay

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

THE SECRET

Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A : 688 9452 K Veh B : 68k 67216 Veh C : SMK 3171 H Along KPE Tunnel (From Bruangkek East Drive n veh D : GBH 7657T BATANCHIDA

















