

# 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	26/11/2021 13:48 (SGT)
Date of Accident	25/11/2021 10:00 (SGT)
Exact Location of Accident	Boon Lay PI, Singapore
Additional Location Information	BOON LAY PLACE CAR PARK NEAR BLK 207
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBJ1507Y**

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DANIEL LOGISTIC TRADING SERVICES
Company Reg No	5XXXX418K
Email Address	guanmotorworks@gmail.com
Mobile Phone No	(Phone) +65-96999704
Alternative Phone No	+65-96999704

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107029742-02
Cover Note Number	-

### DRIVER

Name of Driver	PHANG SOON TECK
NRIC No	SXXXX962J

Date Of Birth 13/03/1967  
 Occupation Outdoor  
 Date Of Driving Pass 28/11/2000  
 Driving experience 21 YEARS  
 Gender Male  
 Mobile Number (Phone) +65-96999704  
 Alt. Phone Number  
 Email Address guanmotorworks@gmail.com  
 Address BLK 296C COMPASSVALE CRESCENT  
 Address complement #06-267  
 Postcode 543296  
 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 - U-Turn  
 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) 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

#### PASSENGER 1

Name TAY POH HWA  
 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

PLEASE SEE ATTACHED SKETCH PLANS & STATEMENT

#### 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

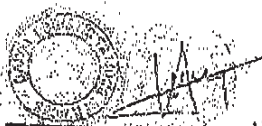
Vehicle Registration Number SH7916U  
 Vehicle Manufacturer  
 Vehicle Model  
 Vehicle Variant  
 Vehicle Colour Blue  
 Vehicle Category Taxi

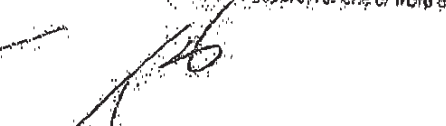
Name of Driver	GOH LOON KOON
NRIC No	SXXXX913E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


# SKETCH PLAN

## IMPORTANT NOTICE

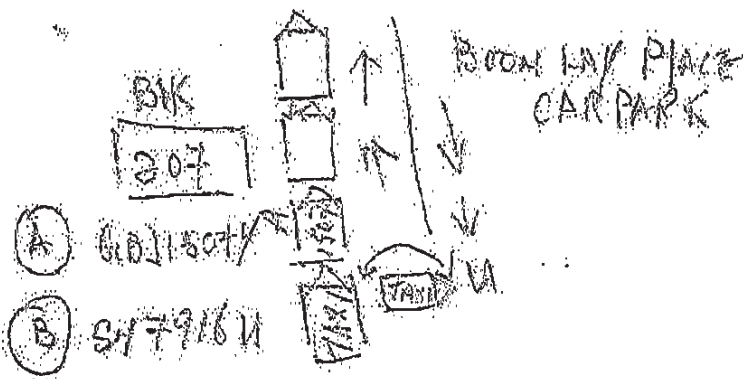
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the Centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that:  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may 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 possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insuror(s) who have insured vehicle(s) involved in this accident (all insuror(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Regulatory 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 insuror(s) who have insured vehicle(s) involved in this accident and the insurers' 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan




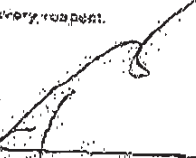
Describe Circumstances of the Accident


I PARKED MY VAN AT THE ROAD SIDE TO  
LOADING GOODS. A TAXI SH 791111 MAKING A  
U-TURN AND REVERSING HIS TAXI UNABLE TO  
U-TURN AND REVERSING AGAIN AND HIT ONTO  
MY VAN REAR RIGHT SIDE

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)

  
Witnessed by Reporting Police Personnel