

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	09/12/2021 16:02 (SGT)
Date of Accident	07/12/2021 00:00 (SGT)
Exact Location of Accident	Near Opp Asia-Pacific Brewery, Singapore
Additional Location Information	Jalan Ahmad Ibrahim
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9456D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CATERING SOLUTIONS PTE. LTD.
Company Reg No	2XXXXX114E
Email Address	SELVA@CSPL.SG
Mobile Phone No	(Phone) +65-87763446
Alternative Phone No	(Office) +65-63699660

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Coaster
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	Bus
Transmission	Auto
CC	4009

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5119563124-01
Cover Note Number	5119563124-01

DRIVER

Name of Driver	PANG LIM
NRIC No	SXXXX536H

Date Of Birth	21/04/1958
Occupation	Outdoor
Date Of Driving Pass	15/12/1989
Driving experience	32 YEARS
Gender	Male
Mobile Number	(Phone) +65-86833839
Alt. Phone Number	-
Email Address	SELVA@CSPL.SG
Address	BLK336 BUKIT BATOK STREET 32 #08-283
Address complement	-
Postcode	650336
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	Side Swipe
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)	15
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER 1
Gender	Male

PASSENGER 2

Name	WORKER 2
Gender	Male

PASSENGER 3

Name	WORKER 3
Gender	Male

PASSENGER 4

Name	WORKER 4
Gender	Male

PASSENGER 5

Name	WORKER 5
Gender	Male

PASSENGER 6

Name	WORKER 6
Gender	Male

PASSENGER 7

Name	WORKER 7
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

on 07/12/2021 at about 1730HRS, i was driving my company private bus (PC9456D) along Tuas West road turning Into Jalan Ahmad Ibrahim Sending our company worker to Joo koon MRT. I was traveling slowly due to heavy traffic and making a turn into Jalan Ahmad Ibrahim, Before turning I check my blindspot to ensure any vehicle to avoid any collision. When I turning half-way suddenly heard a sound at the right side and saw a red Honda grazed On my rear RHS wheel area.

NO1 WAS INJURED, NO POLICE ATTEND, NO AMBULANCE ATTEND

I wish to state that my vehicle does not have any in-vehicle camera recording.

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 SMT9252X
 Vehicle Manufacturer Honda
 Vehicle Model Civic
 Vehicle Variant -
 Vehicle Colour Red
 Vehicle Category Private car
 Name of Driver GOH KIAT MENG
 NRIC No SXXXX351C
 Contact Number -
 Address -
 Address complement BLK445A CLEMENTI AVENUE 3 #13-359
 Postcode 121445
 Insurance Company Name -
 Nature Of Damage SCRATCHES
 Details of property damaged in accident FRONT LHS FENDER & DOOR
 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:
08/12/21 @1535HRS

[Signature]



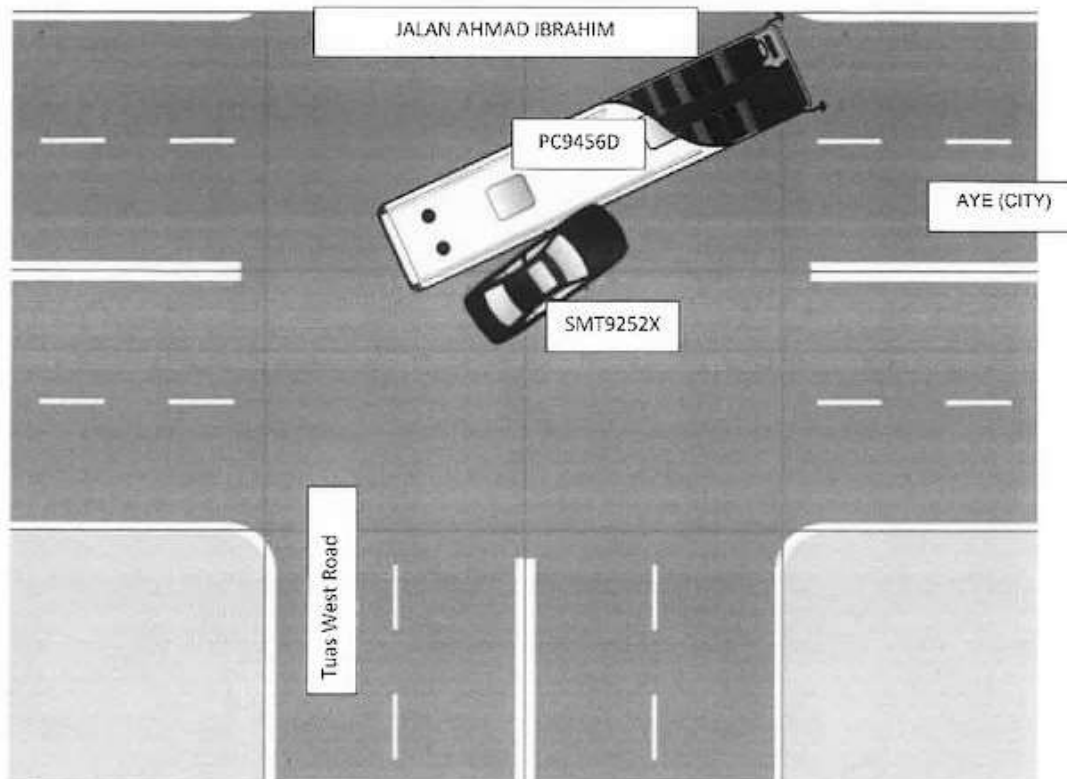
Driver's Signature
(If driver is not the policyholder)
Date & Time:
08/12/21 @1535HRS

[Signature]



Reporting Centre Personnel's Signature
Name: TIEN YONG SHUN
NRIC/FIN No.: S8924743H

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


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NO1 WAS INJURED, NO POLICE ATTEND, NO AMBULANCE ATTEND

I wish to state that my vehicle does not have any in-vehicle camera recording.

DECLARATION

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


 Policyholder's Signature
 Date & Time:
 08/12/21 @1535HRS


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 08/12/21 @1535HRS


 Reporting Centre Personnel's Signature
 Name: TIEN YONG SHUN
 NRIC/FIN No.: S8924743H