

# 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 ..... 02/11/2017 10:11 (SGT)  
Date of Accident ..... 01/11/2017 07:50 (SGT)  
Exact Location of Accident ..... ALONG JURONG EAST AVE 1  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PA9349R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... A STAR TRANSPORT SERVICE LLP  
Company Reg No ..... T09LL1731B  
Email Address ..... desmond\_astar@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-98555125  
Alternative Phone No ..... (Phone) +98555125

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... LT 134P  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... -  
CC ..... -

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5077791073-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEO KIM CHUAN  
NRIC No ..... S1666209G

Date Of Birth .....	06/12/1964
Occupation .....	Outdoor
Date Of Driving Pass .....	07/03/1990
Driving experience .....	27 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Office) +65-98555125
Alt. Phone Number .....	-
Email Address .....	desmond_astar@yahoo.com.sg
Address .....	BLK 457 CHOA CHU KANG AVENUE 4 #04-191
Address complement .....	-
Postcode .....	680457
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	PARTNER
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver 1 .....	-
Insurance Company of Other Vehicle Owned by Driver 1 .....	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2 .....	-
Insurance Company of Other Vehicle Owned by Driver 2 .....	-
Vehicle Registration Number of Other Vehicle Owned by Driver 3 .....	-
Insurance Company of Other Vehicle Owned by Driver 3 .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	-
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	31
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

#### REFER ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	VIDEO WITH COMPANY
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YP6451L
Vehicle Manufacturer .....	-
Vehicle Model .....	TRUCK
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	-
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) .....	-

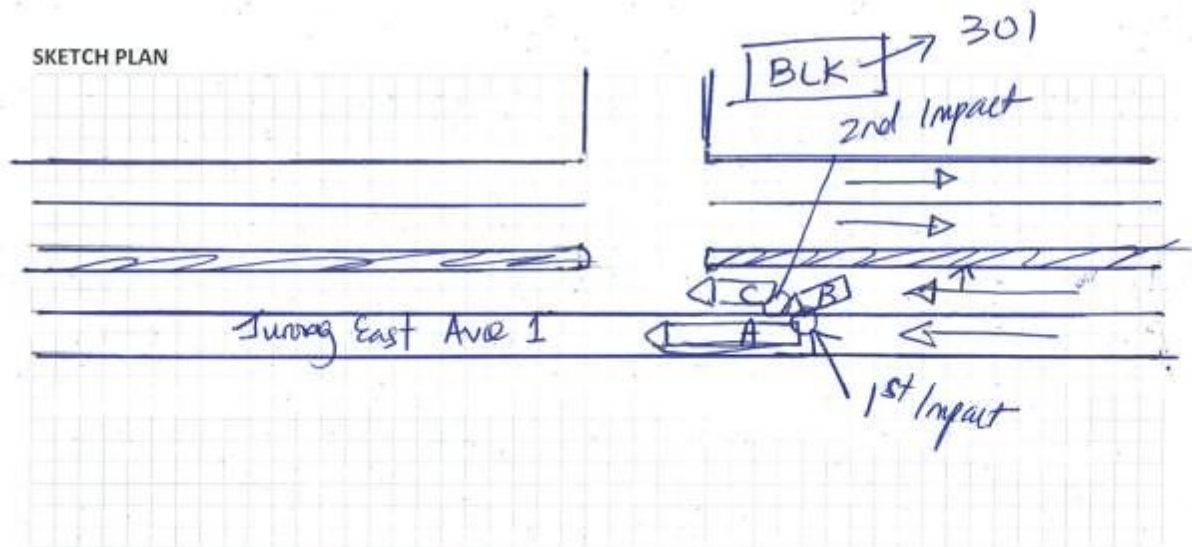
#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SHD4640K
Vehicle Manufacturer .....	-
Vehicle Model .....	TAXI
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	-
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 .....	PASSENGER
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? .....	-



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the second lane going straight along Jurong East Ave 1.

I suddenly heard a sound and when I looked into my right-hand side mirror, I saw some debris on the road. I then stop my vehicle and check on my right rear side of the bus. It was then I realised that the truck (YP 6451L) have hit me and a taxi (SHD 4640K) on the right lane and my vehicle (PA9349R) on the right left side.

I taken photos at the scene. The lorry driver did not want to give his details and drove off.

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:  
NRIC/FIN No.:

*Richard V Woodford*  
RICHARD V WOODFORD  
S05H169P

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment 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/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:

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

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

GIA/NAIC SketchPlanForm V3















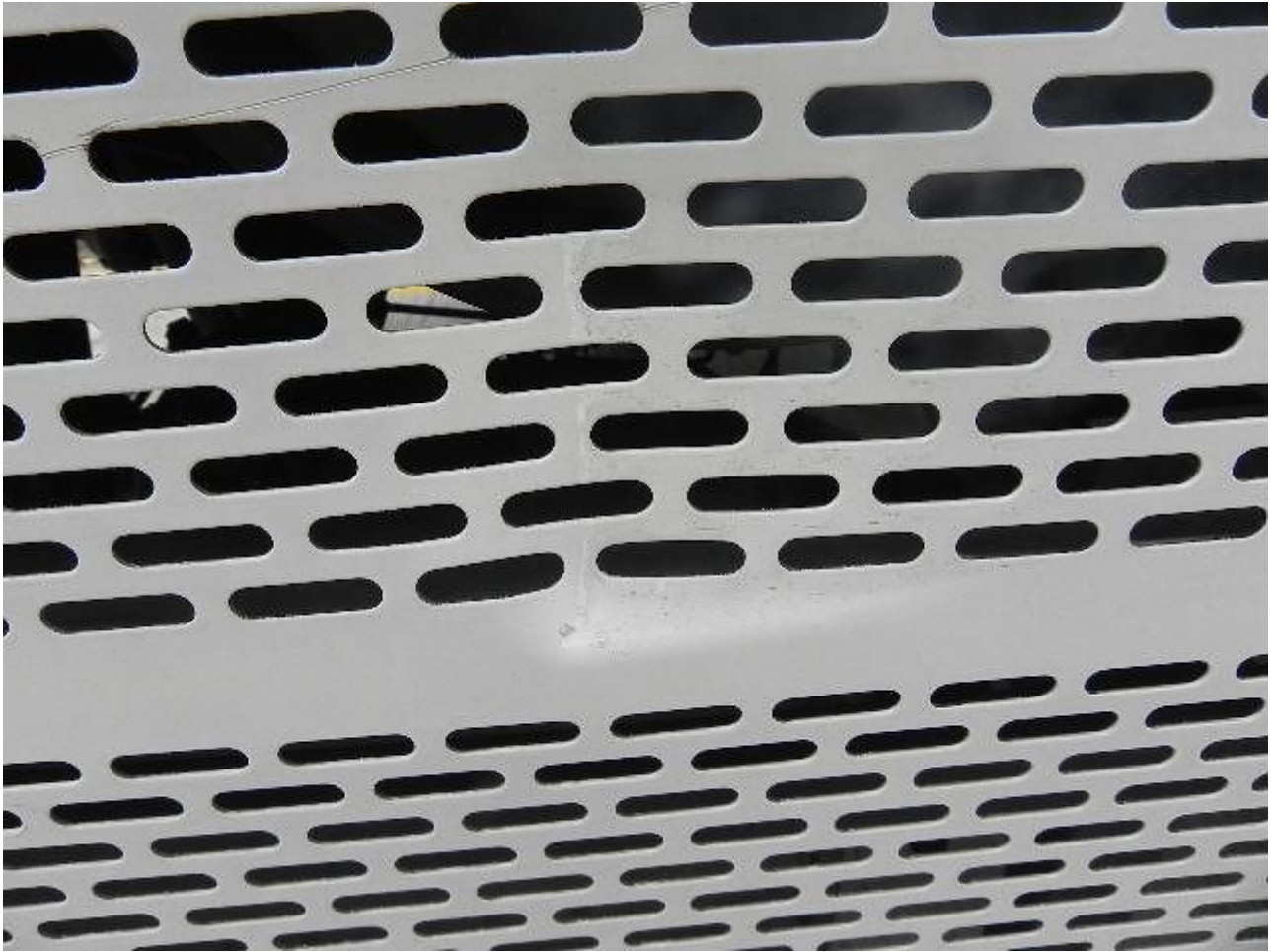






































**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSI 317144699 Vehicle Registration No : PA 9349R  
Name (as shown in NRIC) : Teo Kim Chuan NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 457, Choachu Kang Avenue 4 #04-191 Singapore 680457  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98555125  
Email Address : desmond-aster@yahoo.com.sg  
Date of Accident : 1/11/17 Time of Accident : 0750 hrs  
Place of Accident : Along Jurong East Ave 1  
Insurance Company : NIC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I want to amend "was any video captured by car camera?" from Yes to No.

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.: 2/11/17  
Date: