

## 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	18/03/2022 09:26 (SGT)
Date of Accident	17/03/2022 16:18 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AIRPORT ROAD INTO AIRFREIGHT CENTER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4452M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	3B EXPRESS SERVICES PTE LTD
Company Reg No	200500186W
Email Address	desmond@3bexpresslogistics.com
Mobile Phone No	(Phone) +65-81787262
Alternative Phone No	(Office) +65-63416453

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2900
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2900

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5124002165
Cover Note Number	04/10/2021 - 03/10/2022

#### DRIVER

Name of Driver	TAI PHIN SOO
NRIC No	S2593289G



Date Of Birth	31/01/1956
Occupation	Outdoor
Date Of Driving Pass	16/06/1989
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94359873
Alt. Phone Number	-
Email Address	TAIPHIN@YAHOO.COM.SG
Address	383C BALESTIER ROAD
Address complement	-
Postcode	329794
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	DRIZZLE
Road Surface	Wet

#### 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

#### REFER TO SKETCH PLAN

#### 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	YP3522K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WILLIAM
Contact Number	(Phone) +65-94229287
Address	-
Address complement	-



Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

PASSENGER 1

Name ..... PASSENGER  
Gender ..... Male

NHCC Income Motor Service Centre

Report No: MI

D.O.A

Vehicle No

Make Model

Report Date: 18/3/2022 Start Time: 9:16 AM

Reporting Type: PO End Time:

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 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 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 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/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 reasonable required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, law or court orders.



18/3/2022 9:10

Policyholder's Signature  
Date & Time:

*[Signature]*

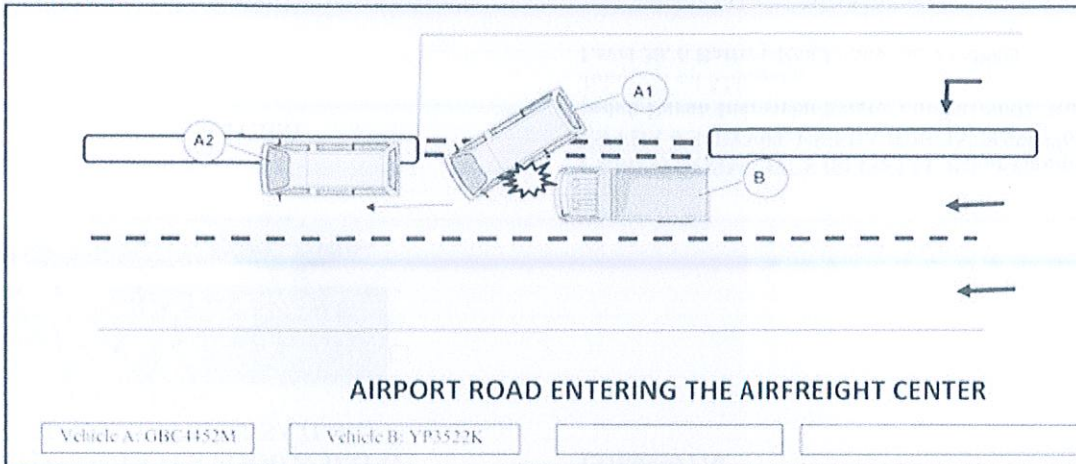
Driver's Signature (if driver is not the policyholder)  
Date & Time:

18/3/2022 9:10

*[Signature]*

Reporting Centre Personnel's Signature  
Name: Chen Junliang  
NRIC/ Fin No: S990765

SKETCH PLAN



I WAS DRIVING MY LORRY (GBC4452M) AT AIRPORT ROAD ENTERING THE AIRFREIGHT CENTER ON 17TH MARCH 2022 (AROUND 04.18PM). ONCE I HAVE COMPLETE DOING THE DOCUMENT SCANNING AT THE AIRPORT CUSTOMS POINT, I PROCEED TO DRIVE OFF TO THE FILTER LEFT POINT AHEAD FOR ENTERING INTO THE LEFT LANE.

I STOPPED AT THE FILTERING POINT AND HAPPEN TO INCH OUT A BIT TO TRY TO GET A CLEARER VIEW OF THE TRAFFIC BEFORE ENTERING INTO THE LEFT LANE.

SUDDENLY, THERE WAS THIS TRUCK (YP3522K) DASH FORWARD AND BRUSHED AGAINST THE FRONT LEFT PART OF MY LORRY, WHICH LEADS TO THIS ACCIDENT.

DECLARATION

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



18/3/2022 9:10

Policyholder's Signature  
Date & Time:

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

18/3/2022 9:10

Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/Fin No: S990765