

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	30/03/2022 12:07 (SGT)
Date of Accident	29/03/2022 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Bishan Rd by Bishan St 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9599A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RUI FENG CHARTERED PTE LTD
Company Reg No	200713472Z
Email Address	Operation@ruifeng.com.sg
Mobile Phone No	(Phone) +65-64670956
Alternative Phone No	+65-64670956

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Others
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	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5108850803-02
Cover Note Number	-

DRIVER

Name of Driver	NAY LIN AUNG
NRIC No	G5499315W

Date Of Birth	27/04/1991
Occupation	Outdoor
Date Of Driving Pass	14/09/2020
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86600697
Alt. Phone Number	-
Email Address	Operation@ruifeng.com.sg
Address	4 Ghim Moh Rd #15-276
Address complement	-
Postcode	270004
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 - Change/cross lane
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)	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

I was stationary on a traffic light junction as it was red light. Subsequently i felt and impact on the rear right of my bus. I saw a car which had wanted to move into a right filter lane had collided onto the right side of my bus.

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	File to large, advised to send to motorvideo@income.com.sg
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC5056L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA BUCK YAM
NRIC No	S1491702J

Contact Number	(Phone) +65-81128446
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT NOTICE

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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: 30/3/2022 12:00h

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/3/2022 12:00h

Reporting Centre Personnel's Signature
Name: ASH RAMAL
NRIC/FIN No.: 5914396

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT

DECLARATION

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

Date & Time: 31/3/2022 11:20h

Date & Time: 31/3/2022 11:20:4

Name: P611 (Ummah)
NRIC/FIN No.: 5999 396

















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 : SN07223U000D Vehicle Registration No: PC9599A
Name (as shown in NRIC) : WAY LIM AUNG NRIC/FIN/Passport No : G5K99315W
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : 4 Ghlin Moh Rd #15-27 Singapore (270004)
Contact (Tel) : _____ Mobile No. : 86600697
Email Address : Operation@vivifeng.com.sg
Date of Accident : 29/03/2022 Time of Accident : 14:40 pm
Place of Accident : Along Broken Rd by Broken St II
Insurance Company : NWC Income Insurance Co-operative Limited.

(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:

Changes to sketch plan.



Policyholder / Driver's Signature
Date: 31/03/2022

Reporting Centre Personnel's Signature
Name: MSR KAMIA
NRIC/FIN No.: G994396
Date: 31/03/2022