

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 20/04/2022 09:13 (SGT)
Date of Accident 16/04/2022 13:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 5 BANDA STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG6469G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRIGGER SOLUTIONS
Company Reg No 5XXXX382A
Email Address koh2koh2@yahoo.com
Mobile Phone No (Phone) +65-96601711
Alternative Phone No +65-96601711

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Citan
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 Manual
CC 1461

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5094606911-04
Cover Note Number -

DRIVER

Name of Driver KOH KIAN SENG DENNIS (XU JIANCHENG, DENNIS)
NRIC No SXXXX223J

Date Of Birth	03/03/1978
Occupation	Outdoor
Date Of Driving Pass	06/02/2002
Driving experience	20 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96601711
Alt. Phone Number	-
Email Address	koh2koh2@yahoo.com
Address	54 HAVELOCK ROAD #07-128
Address complement	-
Postcode	161054
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 - Head on 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	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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL6708R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ABDUL RAHIM BIN HAMID
NRIC No	SXXXX528B
Contact Number	(Phone) +65-87794486
Address	-

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

SKETCH PLAN**IMPORTANT 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.

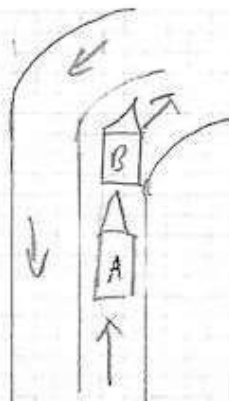
TRIGGERSOLUTIONS
HP: 6650 1711 Fax: 6400 4740
triggersolutions@yahoo.com.sg
Reg No: 1522236A

Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1188 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan

A- G B G 6469 G

B- G B L 6703 R

Please note that you might be able to submit an Own Damage claim under your own policy within 14 days.
() Claim Own Damage (OD) (☒) Claim Third Party (TP) () Reporting Only () Claim OD/TP at other workshop

Describe Circumstances of the Accident

I was driving out of a gantry. I was behind GGL 6708R. We stop because there was same traffic in front. Suddenly GGL 6708R start to reverse, I start honking for him to be alerted, but he did not stop and ram into my Van.

Declaration

We declare the foregoing particulars are true in every respect.

TRIGGERSOLUTIONS
HP 9560 1711 Fax: 6400 4745
triggersolutions@yahoo.com.sg
Reg No. 4502224

Policyholder's Signature / Date &
Time

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
E-mailed by (Quinn Section)
channel