

SK0L22670002 / KAN FOOK SING MOTOR WORKSHOP [539147]
ENTRY DATE & TIME: 07/06/2022 09:29 (SGT)
SUBMITTED BY: Ron Mow Hwa
VERSION: 1 (07/06/2022 09:29 (SGT))

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 G.A. 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	07/06/2022 09:29 (SGT)
Date of Accident	06/06/2022 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BOON LAY WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1117E
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PING KANG RENTAL PTE. LTD.
Company Reg No	202012823N
Email Address	choo_bk@hotmail.com
Mobile Phone No	(Phone) +65-90618511
Alternative Phone No	+65-90618511

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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	5124752964
Cover Note Number	01/12/2021 TO 30/11/2022

DRIVER

Name of Driver	CHOO BOON KIAT
NRIC No	S9244408B

 Accident report SK0L22670002

Date Of Birth	05/12/1992
Occupation	Outdoor
Date Of Driving Pass	19/06/2013
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-90618511
Alt. Phone Number	-
Email Address	choo_bk@hotmail.com
Address	APT BLK 317 HOUGANG AVE 7 #07-45 (S) 530317
Address complement	-
Postcode	-
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	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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
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

REFER WITH ATTACH

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	SHC4492B
Vehicle Manufacturer	-

Taxi
KJAFR HJAFHNS
(94444) 455 975/8353

DETAILS OF OTHER VEHICLE PROPERTY 2

BMT 14028

INJURED PERSONS DETAILS

CHOO BOON KIAT
Male
(Phone) +65-90618511
APT BLK 317 HOUGANG AVE 7 #07-46 (B) 530317
"
"
"
"
GBG1117E

PASSENGER
"
"
"
"
"
"
"
"
QB311178

SKETCH PLAN

SKETCH PLAN

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 willful 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. The 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

B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

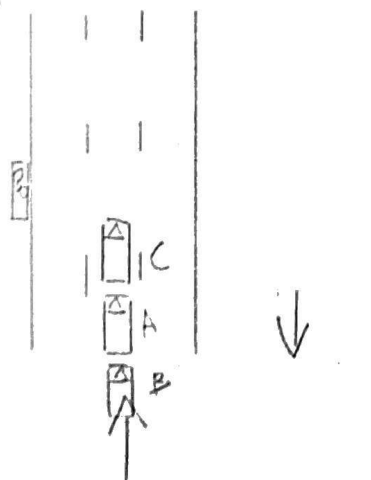
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/rail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: 61341117E

B: 511C 4492B

C: SMT 14085


Describe Circumstances of the Accident


Refer to sketch


NOTE: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy. Please refer your policy for more information.

Declaration


We declare the foregoing particulars are true in every respect


Insurer's Representative / Date & Time

 5.22 pm 6/1/2011
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

It was a red traffic light while I was approaching the traffic. The vehicle in front of is at a complete stop while I was slowly down to a complete stop. Suddenly, the taxi driver behind me hit me from the back. The impact was so severe that it actually push my vehicle to hit the vehicle in front of me. Concurrently, I have lost the control of the vehicle and ended up of the left lane

 5:22 PM
6/6/2022

