

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 10/05/2022 16:50 (SGT)
 Date of Accident 09/05/2022 11:28 (SGT)
 Exact Location of Accident Pioneer Rd, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC2606A

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner JUST RENT AUTO LP
 Company Reg No T21LP0017C
 Email Address B.HANJIJUN@GMAIL.COM
 Mobile Phone No (Phone) +65-91782515
 Alternative Phone No (Home) +65-91782515

VEHICLE PARTICULARS

Manufacturer Nissan
 Model Nv200
 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 Commercial vehicle
 Transmission Manual
 CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
 Type of Coverage ThirdParty
 Fleet Policy No
 Policy Number 5123204843
 Cover Note Number -

DRIVER

Name of Driver BRIAN HAN JI JUN
 NRIC No S9046986Z

Date Of Birth	04/12/1990
Occupation	Outdoor
Date Of Driving Pass	11/01/2016
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91782515
Alt. Phone Number	-
Email Address	B.HANJIJUN@GMAIL.COM
Address	APT BLK 405 SIN MING AVENUE #13-265 SINGAPORE 570405
Address complement	-
Postcode	570405
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 to Rear
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)	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 ATTACHED

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	XD9748L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	BRIAN HAN JI JUN
Gender	Male
Phone No	(Phone) +65-91782515
Address	APT BLK 405 SIN MING AVENUE #13-265 SINGAPORE 570405
Address Complement	-
Post Code	570405
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBC2606A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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/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 purposes 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.



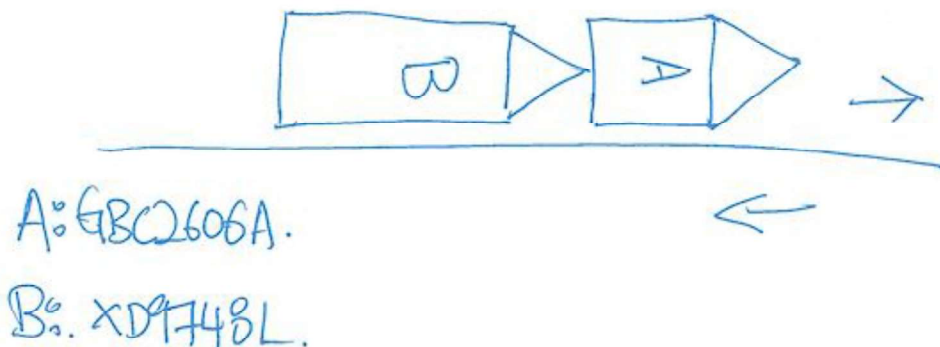
Policy holder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

ALONG PIONEER ROAD.



Describe Circumstances of the Accident

I WAS DRIVING ALONG PIONEER ROAD & TRAFFIC WAS RED
I WAS STATIONARY WHILE WAITING FOR THE TRAFFIC LIGHT
SUDDENLY I FELT A HUGE IMPACT. I REALISED A TRAILER
REAR-ENDED ME. I FELT NECK, SHOULDER & BACK
WAS PAIN & ACHING AND DECIDED TO SEEK MEDICAL
ATTENTION.

Declaration

I/We declare that the foregoing particulars are true and correct.



[Signature]

N

Police Officer's Signature & Date

Driver's Signature & Date

Witness's Signature & Date

















