

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 Actual 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	23/08/2022 11:40 (SGT)
Reported by	Driver
Date of Accident	20/08/2022 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TWDS ANG MO KIO AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7700G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BUILDCOOL ENGINEERING SERVICES PTE LTD
Company Reg No	1XXXXX501G
Email Address	BUILDC@BUILDCOOL.COM.SG
Mobile Phone No	(Phone) +65-68417811
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5100484987-04

DRIVER

Name of Driver	LIM TECK SIONG
NRIC No	SXXXX321D
Date Of Birth	04/03/1982
Occupation	Outdoor

Date Of Driving Pass	20/08/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-91899494
Alt. Phone Number	-
Email Address	TECKSIONG1982@GMAIL.COM
Address	BLK 687A WOODLANDS DR 75 #11-17
Address complement	-
Postcode	731687
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 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	RABBE
Gender	Male

PASSENGER 2

Name	BABU
Gender	Male

PASSENGER 3

Name	VENGADASH
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

I WAS DRIVING ALONG CTE TOWARDS ANG MO KIO AVE 1 ON THE EXTREME LEFT LANE. THE TRAFFIC WAS SLOW MOVING. THE VEHICLES IN FRONT OF ME SLOWED DOWN AND STOPPED AND I ALSO FOLLOWED TO SLOW DOWN AND STOPPED. SUDDENLY, VEHICLE B(GBJ7551D) COLLIDED TO MY REAR RIGHT PORTION CAUSING DAMAGES TO MY VEHICLE. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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	TO EMAIL TO NTUC INCOME

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ7551D
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMASAMI MURUGESH
Passport No/FIN	GXXXX005T
Contact Number	(Phone) +65-91378891
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

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 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



Sketch Plan

AMK ← CTE
Ave 1

1 ←
2 ←
3 ←
4 ←

A: 686 7700 G
B: 681 7551 D

Describe Circumstance of the Accident

I was driving along CTE towards Ang Mo Kio Ave 1 on the extreme left lane. The traffic was slow moving. The vehicles in front of me slowed down & stopped and I also followed to slow down & stopped. Suddenly, Vehicle B (G6J 7551D) collided to my rear right portion, causing damages to my vehicle. Nobody was injured at the time of accident.

Declaration

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

Policyholder's Signature

Policyholder's Signature / Date & Time

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

Witnessed by _____ Centre Personnel
(Name as in NIC Card)

v. June 2022

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