

## 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 ability.
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 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 Report	05/08/2015 13:15
Date Of Accident	04/08/2015 13:10
Exact Location Of Accident	CLEMENTI AVE 6 TOWARDS AYE (NEAR CLEMENTI LOOP)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY7036L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LI HONGLIANG
NRIC No	S6985427C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98350108
Alternative Phone No	Office-98350108

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

### Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5046718384-04 (CLASSIC)
Cover Note Number	

### Driver

Name of Driver	ZHOA PENG
NRIC No	S7085674C
Date Of Birth	12/07/1970
Occupation	Indoor
Date Of Driving Pass	06/02/2013
Driving Experience	2 Years And 5 Months
Gender	Female
Mobile Number	(Local) +65-98350108
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	15 LEEDON HEIGHTS #19-54
Postcode	S266225
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Spouse
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Unknown - REFER TO POLICE REPORT
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Ayer Rajah Neighbourhood Police Post
Police Station Address	<b>ROAD:</b> Blk 43 Teban Gardens Road , <b>POSTCODE:</b> 600043 , <b>COUNTRY:</b> Singapore
Police Station Contact	<b>TEL NO:</b> 1800-5659999 - <b>FAX NO:</b> 66655790
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT. ATTENDED BY : SUSAN

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	21253MID
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	LI YUN FEI
Approximate Age	

Injuries Sustain

SHOULDER / NECK / CUT

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance? No

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

ZHOA PENG

Approximate Age

Injuries Sustain

RIGHT ARM

Injured person in which vehicle?

SGY7036L

Were seat belts worn?

Was injured conveyed to hospital by ambulance? No

Address

Postcode



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.

IDAC BUKIT BATOK (VAC)

511 Bukit Batok St 23

Singapore 659545

Tel: 6567 9427 / 6560 3312

Fax: 6569 0722

Email: [vacbb@singnet.com.sg](mailto:vacbb@singnet.com.sg)

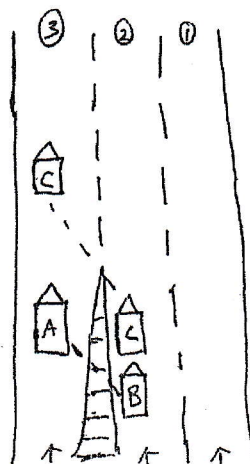
Witnessed by Reporting Centre  
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan

Before.



After.

