

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	19/07/2016 14:02
Date Of Accident	18/07/2016 10:50
Exact Location Of Accident	400 East Coast Rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK5083L
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Insured/Policyholder

Name Of Registered Owner	MOHAMED ALI BIN MOHAMED HUSSAIN
NRIC No	S1818835Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83502545
Alternative Phone No	Office-83502545

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5 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	5059468071-02
Cover Note Number	

Driver

Name of Driver	OH BENG PEK
NRIC No	S1636644G
Date Of Birth	11/11/1964
Occupation	Indoor
Date Of Driving Pass	23/12/1987
Driving Experience	28 Years And 6 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Friend
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Side Swipe- Same Direction
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? No
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

refer attached report.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA3473Z
 Vehicle Make/Model/Colour HUANDAI
 Details Of Properties
 Name of Driver
 NRIC/Passport Number S7508194D
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

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

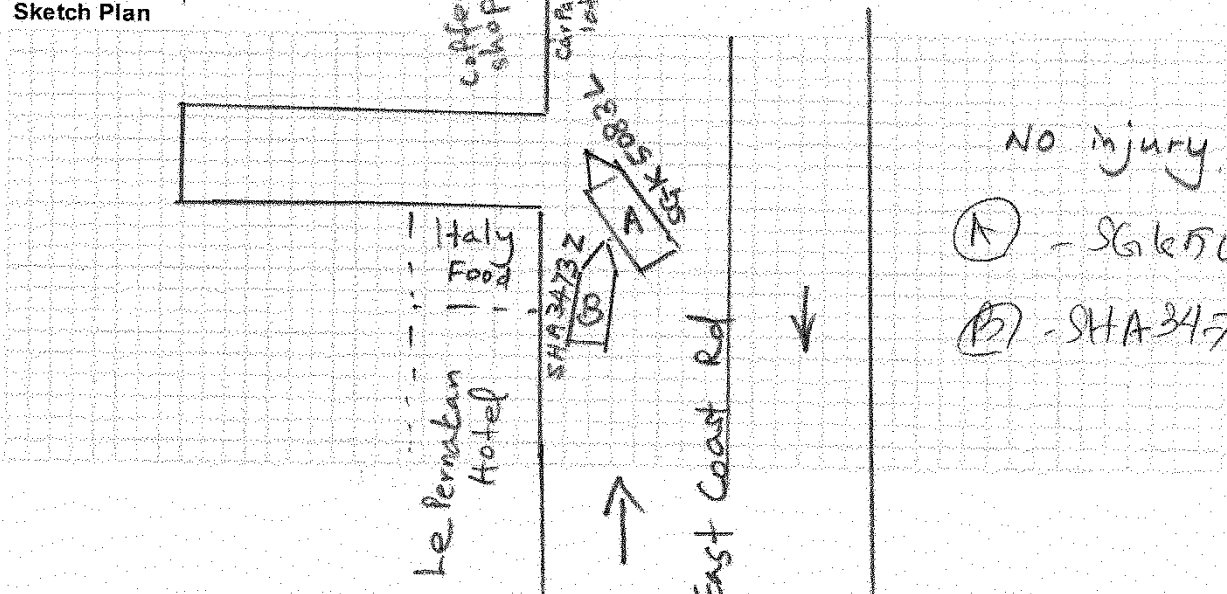
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
19/7/2016

Driver's Signature (If driver is not the policyholder) / Date & Time
19/7/2016

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I oh Beng Pek NRIC: S1636644G was the driver of vehicle SG*5083L (A-veh) on 18/7/2016 @ 1050 HRS. I signalled left and as I was turning left to Italy Food from 1st lane, the veh B V (Taxi) which parked along East Coast Road suddenly maneuvered out without checking blind spot and hit my left Rear door. That's all.

Declaration

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


Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan #3 Pg.1


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1636644G



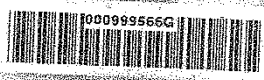
Name
OH BENG PEK
胡明白
Race
CHINESE
Date of Birth
11-11-1964
Sex
M
Country of Birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE




License Number S1636644G
Name
OH BENG PEK
Birth Date: 11 Nov 1964
Issue Date: 13 Nov 2003



0:0:4:5:6:8:7



NRIC No. S1636644G



Blood Group: O+ Date of Issue: 16-08-1991

APT BLK 154 ANG MO KIO AVENUE 5 #07-3098
SINGAPORE 560154
NRIC No: S1636644G Date: 25-10-2005 No: 5422198

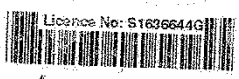
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
23 Dec 1987

NP 428A

License No: S1636644G



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

