SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	23/09/2016 16:02		
Date Of Accident	22/09/2016 20:30		
Exact Location Of Accident	MAJU AVE		
Country/State of Loss	Singapore		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLD3022D		
Insured/Policyholder			
Name Of Registered Owner	PONG SIN TEE, EUGENE (FANG XINZHI)		
NRIC No	S8611014H		
Email Address	dron.eugene@gmail.com		
Mobile Phone No	(LOCAL) +65-93264854		
Alternative Phone No	Others-93264854		
Vehicle Particulars			
Manufacturer	BMW		
Model	523I-2.5 E60 (A)		
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE		
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		

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Type Of Coverage Comprehensive

Fleet Policy No

Policy Number Cover Note Number

Driver

Name of Driver PONG SIN TEE, EUGENE (FANG XINZHI)

NRIC No S8611014H Date Of Birth 02/05/1986 Indoor Occupation **Date Of Driving Pass** 17/02/2009

Driving Experience 7 Years And 7 Months

Male Gender

Mobile Number (Local) +65-93264854

Fax Number

Contact Number Others-93264854

EMail Address dron.eugene@gmail.com Address BLK 671B #06-531 EDGEFIELD PLAINS WATERWAY BANKS

Postcode 822671

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Owner

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident Unknown - -----REVERSED---

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

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

REFER TO BELOW STATEMENT/SKETCH PLAN: ATTENDED BY SITI

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKH5556H

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

AXA Insurance Singapore Pte Ltd

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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 (c) my Personal Information may/can be discussed by any or the instance discussed by any or the ins

7.3 SFP 2016

Policyholder's Signature / Date & Time

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

23 Kaki Bukit Ave 4 Singapore 415933

Tel: 67416697 Fax: 67492305 Email: vackb@singnet.com.sg

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 22/9/2016 at about 190	Ohrs, I parked my car in a car park lot in Se	rangoon Garden, along Maiu
Ave (opposite K-garden Fam	ily Karoke). This is a parallel parking.	
At about 2030 hrs, my wif	e (Tham Hui Wen, NRIC No S8740874D)	was standing beside my car
(SLD3022D) when Vehicle B	3, SKH5556H was trying to park in the car	park lot in front of me. The
driver reversed in and hit the	ne front of my car. He then moved forward	d and reversed again and hit
into the front of my car a 2nd	time. My car was pushed back as a result o	f the impact.
I made a call to the Traffic Po	olice. Subsequently TP Fadli came to the sco	ene and made a record of the
incident and recorded our pa	articulars. He asked me to make an insuranc	e claim against Vehicle B.
The driver acknowledged th	e accident and his fault in hitting into my c	ar and he gave me his name
card.		
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Declaration		
I/We declare the foregoing p	particulars are true in every respect.	IDAC KAKI BUKIT (VAC
		23 Kaki Bukit Ave 4
		Singapore 415933
	0.050 000	• .
James James	23 SEP 2016	Tel: 67416697 Fax: 67492305
		Email: vackb@singnet.com.sg
) /	
Policyholder's Signature/Date &	Driver's Signature (if driver is not the policyholder)/Dat	e & Witnessed by
Time Time	Time	Reporting Centre Personnel











