

## 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	07/11/2016 09:41
Date Of Accident	06/11/2016 12:25
Exact Location Of Accident	CLEMENTI AVE 5 BLK 377-379 C/PARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB9117J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YUEN KWOK CHOY
NRIC No	S0124074I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96637135
Alternative Phone No	Office-96637135
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	E200 ML
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5078825201(CLASSIC)
Cover Note Number	
<b>Driver</b>	
Name of Driver	YUEN KWOK CHOY
NRIC No	S0124074I
Date Of Birth	25/10/1953
Occupation	Indoor
Date Of Driving Pass	27/02/1979
Driving Experience	37 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-96637135
Fax Number	
Contact Number	Office-96637135
Email Address	NOEMAIL

Address

Postcode

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 -

Vehicle -

Insurance Company of Driver's Own Vehicle -

Vehicle -

**General Information of the Accident**

Type Of Accident Unknown - REFER TO 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? No

Was any other material or property damaged? Yes

I have been approached by unknown person(s) soliciting/offering accident claims assistance 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**

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. ATTENDED BY LYNDA.

**Attachment(s)**

Are accident photos available for attachment? Yes

Was there any video captured by Car Camera? No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLD8902G

Vehicle Make/Model/Colour

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

Sketch Plan Pg.1

**SKETCH PLAN**

**IMPORTANT NOTICE**

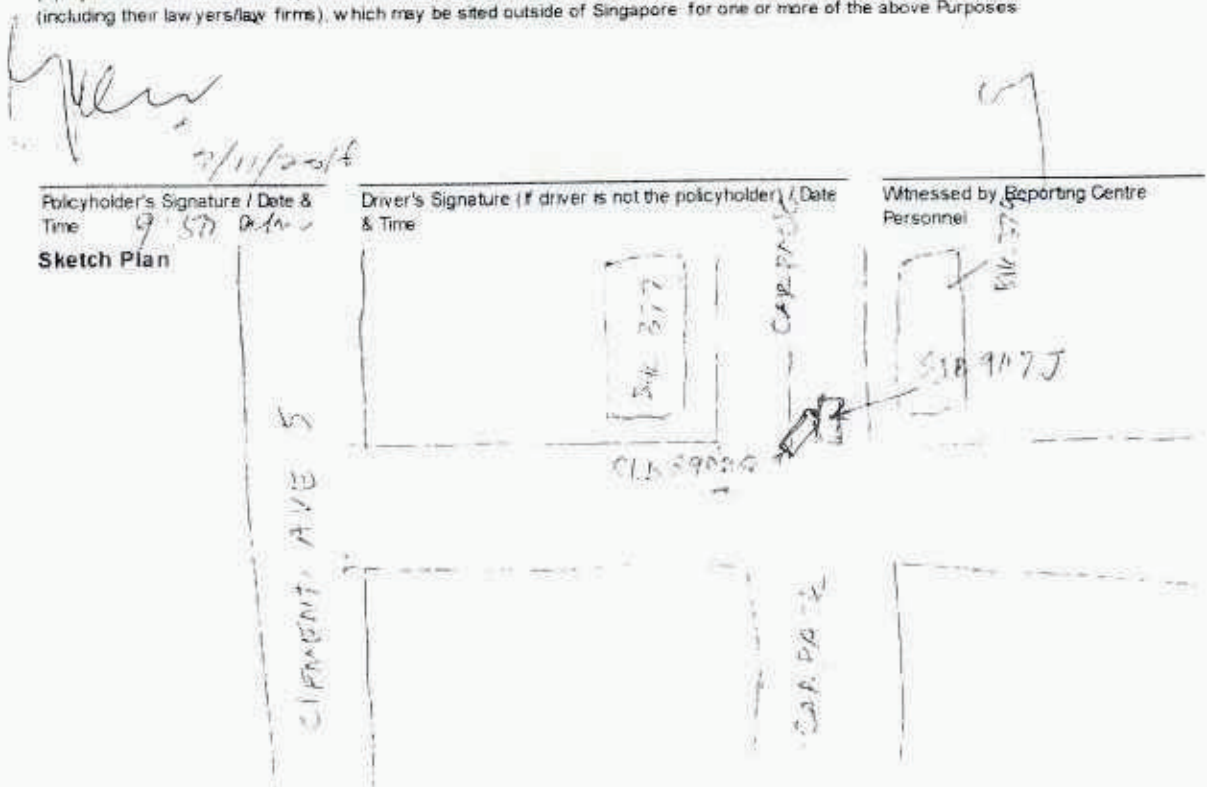
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**8. Consent under the Personal Data Protection Act (PDPA)**

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  
 9/11/2014  
 Sketch Plan

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

Witnessed by Reporting Centre Personnel  
 9/11/2014

Describe Circumstances of the Accident

On the 6/11/2016 I was exiting Clementi Ave 5 carpark between blk 377 and blk 379. While getting ready to turn right suddenly the car No. SLD 8902 G kept to road from the opposite direction turning left into the carpark kept coming toward me hit the side of my car. I had no time to react and I just froze my it happened. The weather was fine and sunny.

There were 4 people in the car of SLD 8902 G. I was alone in my car. The time of accident was 12.25pm on 6/11/2016.

The car no. SLD 8902 G was driven by a Mr. Koh Tharna Hent NRIC no S1613260 H.

Declaration

We declare the foregoing particulars are true in every respect

 7/11/2016

Policyholder's Signature / Date &

Time 9.50 am

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

  
Witnessed by Reporting Centre Personnel