

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	01/07/2017 08:56
Date Of Accident	30/06/2017 15:35
Exact Location Of Accident	DRIVEWAY AT NGEE ANN CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8353T
Insured/Policyholder	
Name Of Registered Owner	ENERGY PRODUCTS PTE LTD
Co Reg No	201628875M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97611854

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-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	5089514166 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	TEET YEN TENG
NRIC No	S1246387A
Date Of Birth	01/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1977
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97611854
Fax Number	
Contact Number	OFFICE-97611854
Email Address	NOEMAIL

Address 272C JURONG WEST ST 24
 #11-12
 Postcode S643272
 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 -
 -

General Information of the Accident

Type Of Accident UNKNOWN - REFER TO SKETCH PLAN
 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

PLEASE SEE ATTACHED SKETCH PLAN/ ATTACHMENT ATTENDED BY : SUSAN

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: NO MORE RECORDING IN VIDEO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7551U
 Vehicle Make/Model/Colour CITYCAB
 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

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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 in Singapore, for one or more of the above Purposes.

 *[Signature]*

Policyholder's Signature / Date & Time

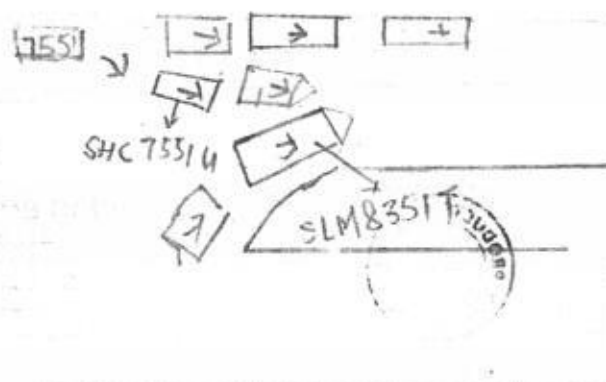
 *[Signature]*

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 659545
Tel: 6567 9427 / 6560 3312
Fax: 6569 0722

Email: vac@idac.com.sg
Witnessed by Personnel

Sketch Plan



Takashino

Sketch Plan #2 Pg. 1

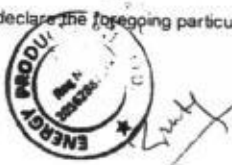
Describe Circumstances of the Accident

Handwritten notes and signatures in the accident description area:

- A diagonal line drawn across the middle of the section.
- The word "Afternoon" written vertically on the right side.
- A signature "G. S. S." written below the diagonal line.
- Two circular stamps at the bottom of the section, one on the left and one on the right.

Declaration

We declare the foregoing particulars are true in every particular.



Policyholder's Signature / Date & Time



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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 659545
Tel: 6567 9427 / 6560 3312
Fax: 6569 0722
Email: vacbb@singnet.com.sg

Witnessed by Reporting Centre
Personnel

30/06/17 1535

JAF

I had turned into the driveway of Ngce Ann City. Cars ahead of me were all moving. I followed suit and kept to the right as it was the lane for cars coming into the driveway.

As I was moving a yellow taxi which was in queue on the left lane suddenly move out from the queue and came into my side of the lane without any signal.

It was ~~so~~ abrupt and sudden and I had no time to prevent collision. Pictures that I had taken shows clearly he had cross my path.

