

## 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	21/07/2017 16:35
Date Of Accident	21/07/2017 15:30
Exact Location Of Accident	CARPARK NO. SDCR4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2205H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BEST SCIENTIFIC ENGINEERING
Co Reg No	52944292B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90092991
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSES
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	5087869524
Cover Note Number	
<b>Driver</b>	
Name of Driver	YEO KOK KEE
NRIC No	S1464250A
Date Of Birth	26/07/1961
Occupation	INDOOR
Date Of Driving Pass	01/01/1987
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90092991
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 133 GEYLANG EAST AVENUE 1 #02-207  
 Postcode 380133  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 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  
 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

MY VEHICLE WAS INITIALLY STATIONARY AT CARPARK NO. SDCR4 WAITING FOR AVAILABLE PARKING LOT. VEHICLE B BEARING REGN NO. SHB4950B WAS COMING OUT FROM HIS PARKING LOT TO EXIT OUT FROM THE CARPARK. AS VEHICLE B DROVE TOWARDS MY DIRECTION, I INCHED SLIGHTLY FORWARD SO THAT VEHICLE B HAS SPACE TO GO THROUGH. UNFORTUNATELY, VEHICLE B CONTINUED TO ENCROACHED INTO MY LANE. AS A RESULT, THE FRONT RIGHT PORTION OF VEHICLE B SWIPED AGAISNT THE REAR RIGHT PORTION OF MY STATIONARY VEHICLE. THAT'S ALL.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB4950B  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage FRONT RIGHT PORTION  
 No. Of Passenger (Including Driver) 2

#### Details of Witness

Name  
 Phone Number

Email Address

## Sketch Plan

### SKETCH PLAN

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#### 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' law firms/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' law firms/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 law firms/law firms), which may be based outside of Singapore, for one or more of the above Purposes.

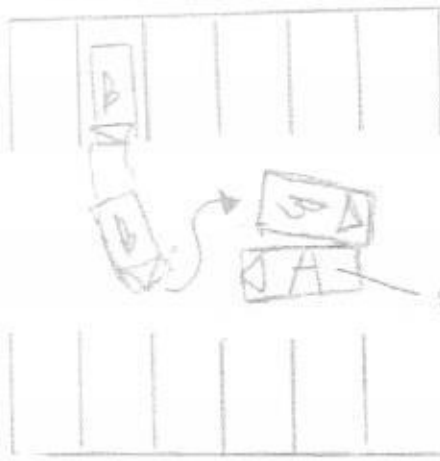
Policyholder's Signature / Date & Time

Sketch Plan

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

CAR PARK NO. SDCH4

JOO HAK KEE AUTO PTE LTD  
Blk 3007 Ubi Road 1 #01-405  
Singapore 486701  
Blk 3014 Ubi Road 1 #01-324  
Witnessed by Reporting Centre  
Personnel



A: SU220SH  
B: SHB49SOB

## Sketch Plan #2

Describe Circumstances of the Accident

Area for sketch plan and description of accident circumstances.

### 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

JOO HAK YEE AUTO PTE LTD  
Blk 3037 Ubi Road 1 #01-406  
Singapore 408701  
Blk 3014 Ubi Road 1 #01-324  
Singapore 408702

Witnessed by Reporting Centre Personnel