

## 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	16/11/2017 10:03
Date Of Accident	15/11/2017 14:10
Exact Location Of Accident	PUNGGOL WAY SLIP RD INTO PONGGOL SEVENTEENTH AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJF8413P
Insured/Policyholder	
Name Of Registered Owner	TOH MENG KIAT, JONATHAN (ZHUO MINGJIE, JONATHAN)
NRIC No	S8419410G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98255800
Alternative Phone No	OFFICE-98255800
Vehicle Particulars	
Manufacturer	HONDA
Model	ACCORD
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	REPORTING ONLY
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	5084932673
Cover Note Number	-
Driver	
Name of Driver	TOH MENG KIAT, JONATHAN (ZHUO MINGJIE, JONATHAN)
NRIC No	S8419410G
Date Of Birth	29/06/1984
Occupation	INDOOR
Date Of Driving Pass	30/10/2009
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98255800
Fax Number	
Contact Number	OFFICE-98255800
Email Address	NOEMAIL

Address	BLK 9 BOON KENG RD #11-160
Postcode	330009
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	COLLISION - HEAD TO REAR
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

I WAS TRAVELLING ALONG PUNGGOL WAY AT THE SLIP ROAD TURNING INTO PONGGOL SEVENTEENTH AVE, I WAS STOP BEHIND VEH B, AFTER THE TRAFFIC CLEAR AND VEH B STARTED TO MOVING OFF. AS SUCH I FOLLOW TO MOVE AND CHECK ON MY BLIND SPOT. ALL OF A SUDDEN, VEH B JAMMED BRAKE, I MANAGE MY BRAKE BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH COLLIDED ONTO THE VEH B REAR PORTION. REMARK: VEH HAD BEEN SOLD.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ9713A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SIM ZI-REN JACKSON
NRIC/Passport Number	S8423074Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

## Accident Sketch Plan

### 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

Ponggal Seventeenth Ave

A = SJF 8413 P  
B = SKZ 9713 A


Ponggal way

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Please Refer to statement

### 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:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# UNIVERSE MOTORING

OFFICE ADDRESS: 210 TURF CLUB ROAD UNIT A19/A20 B22/23 Carmart The Grandstand  
SINGAPORE 287995 Tel: 64632929 Fax: 64651235 Registration No: 53230671J

## COMPLETION ACCOUNT (For Purchase Agreements)

Date: 15/11/2017

Vehicle Registration No: SJC 8413 P

Buyer: UNIVERSE MOTORING

Seller: TAN MENG KIM JOINTHORN

NRIC No: S8496106

f Jz GL 893

Purchase Price \$ 16580

Deposit \$ -

Outstanding Loan \$ -

Others \$ -

Balance Payable By UM: \$ 16680 *Carry to SKT BOSTZ*

### DELIVERY NOTE:

With reference to the Purchase Agreement dated ( 15/11/2017 ) the  
Vehicle Registration No. ( SJC 8413 P ) is hereby delivered to UM  
by the Seller / UM took possession of the vehicle from the Seller on this  
Date: 15/11/2017 At: 1655 am / pm

SIGNED By the Seller  
Name:



SIGNED for and on behalf of UM  
By its Sales Executive

Accident Photo





**Accident Photo**

