

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	22/11/2017 14:45
Date Of Accident	22/11/2017 10:10
Exact Location Of Accident	SIN MING WALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2602Z
Insured/Policyholder	
Name Of Registered Owner	HO MUN KAY
NRIC No	S1771505D
Email Address	STANLEY.HO@INCOME.COM.SG
Mobile Phone No	(LOCAL) +65-96157903
Alternative Phone No	OFFICE-96157903

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	OWN USAGE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095700267
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	HO MUN KAY
NRIC No	S1771505D
Date Of Birth	04/12/1966
Occupation	INDOOR
Date Of Driving Pass	22/02/1991
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96157903
Fax Number	
Contact Number	OFFICE-96157903
Email Address	STANLEY.HO@INCOME.COM.SG

Address	BLK 153 LORONG TOA PAYOH #15-606
Postcode	310153
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	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

I was travelling along Sin ming walk on the left lane, upon reaching merging lane, I saw there is an unknown vehicle parking on the side of the merging lane therefore upon reaching the end of the merging lane, I slow down and proceed slowly. Suddenly vehicle B appear from my vehicle A's right coming in quite a fast speed trying to overtake my vehicle A. vehicle B's action caught me off guard and as a result, vehicle B side swipe against my vehicle's right front fender and my vehicle A's front right wing mirror was also damaged. No injuries reported at the scene.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB7440P
Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE WHITE
Details Of Properties	
Name of Driver	ANG KIM WAH
NRIC/Passport Number	S7342121G
Contact Number	97398503
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	
Details of Witness	
Name	
Phone Number	

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE Vehicle No: SK2692Z Report Date & Start Time: 22/11/17 / 14:53
 Report No: M17 D.O.A: 22/11/2017 Make / Model: TOYOTA VIOS Reporting Type: End Time: /
 Time: 1010 hrs hrs

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.




22/11/17 / 14:53

Policyholder's Signature / Date & Time

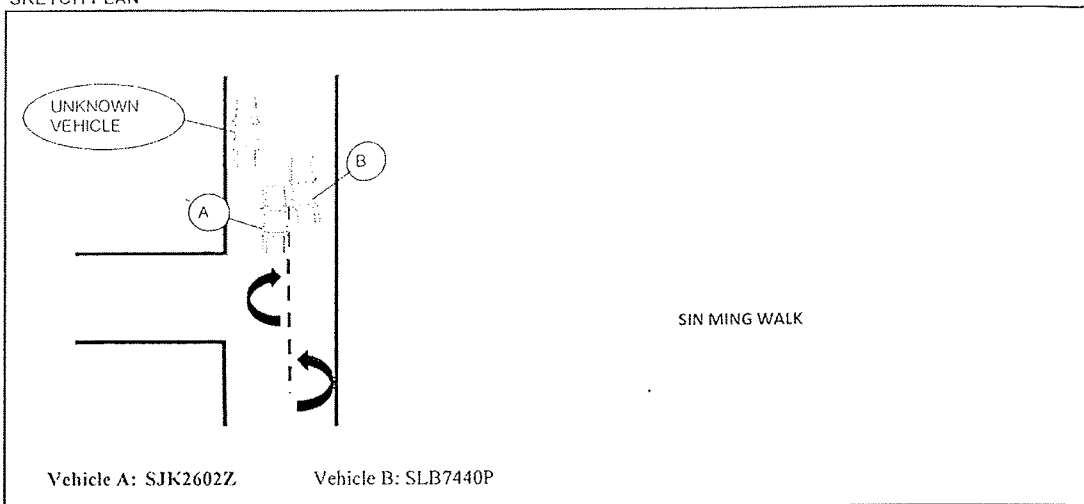
22/11/17 / 14:53

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

Aaron Chuah (S991802) 
 Customer Care Executive
 Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Sin ming walk on the left lane, upon reaching merging lane, I saw there is an unknown vehicle parking on the side of the merging lane therefore upon reaching the end of the merging lane, I slow down and proceed slowly. Suddenly vehicle B appear from my vehicle A's right coming in quite a fast speed trying to overtake my vehicle A. vehicle B's action caught me off guard and as a result, vehicle B side swipe against my vehicle's right front fender and my vehicle A's front right wing mirror was also damaged. No injuries reported at the scene.

Declaration

I/We declare the foregoing particulars are true in every respect.

11/22/2017 14:53

Policyholder's Signature / Date & Time

11/22/2017 14:53

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

Aaron Chuah (S991802)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel