

## 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	20/11/2017 16:43
Date Of Accident	20/11/2017 14:40
Exact Location Of Accident	406 SEMBAWANG DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2895U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE MIN HIAN (LI MINXIAN)
NRIC No	S8402721I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91145825
Alternative Phone No	OTHERS-91145825

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	5090447694
Cover Note Number	DRIVO CLASSIC

### Driver

Name of Driver	LEE MIN HIAN (LI MINXIAN)
NRIC No	S8402721I
Date Of Birth	30/01/1984
Occupation	INDOOR
Date Of Driving Pass	22/08/2003
Driving Experience	14 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91145825
Fax Number	
Contact Number	OTHERS-91145825
EMail Address	NOEMAIL

Address	BLK 483 ADMIRALTY LINK #13-25
Postcode	750483
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	RAINING
Road Surface	WET

#### 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 at the driveway along 406 Sembawang drive behind vehicle B. suddenly vehicle B came to a stop along the driveway, upon seeing vehicle B stopped, I stop my vehicle A as well, suddenly vehicle B's engaged his reverse gear and his reverse lamp showed up and vehicle B started to reverse. i immediately sound my horn but still vehicle B continue to reverse. as a result vehicle B reverse into my vehicle A's front portion. No injuries reported at the scene. (TP reversed into insured)

#### 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	YP5176M
Vehicle Make/Model/Colour	
Details Of Properties	LORRY
Name of Driver	XIAO ZENGYAO
NRIC/Passport Number	
Contact Number	84216452
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

INCOME MOTOR SERVICE CENTRE

Vehicle No: SJK2895U

Report Date & Start Time: 20/11/17 / 16:59

Report No: MT/

D.O.A: 20/11/2017

Make / Model: SUZUKI SWIFT

Reporting Type: End Time: 1

Time: 1.440 hrs

## SKETCH PLAN

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6. The report will be forwarded by 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 lodgment 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.
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.

M. Tan 20/11/17 / 16:59  
Policyholder's Signature / Date & Time

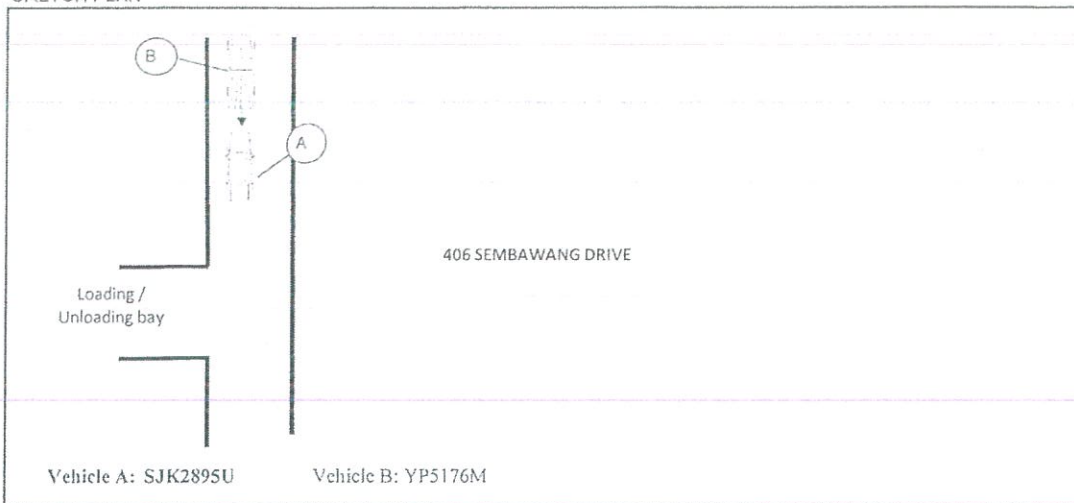
20/11/17 / 16:59  
Driver's Signature (If driver is not the policyholder) / Date & Time

Aaron Chuah (S991802) XCC  
Customer Care Executive  
Motor Service Centre  
Witnessed by Reporting Centre Personnel



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the driveway along 406 Sembawang drive behind vehicle B. suddenly vehicle B came to a stop along the driveway, upon seeing vehicle B stopped, I stop my vehicle A as well, suddenly vehicle B's engaged his reverse gear and his reverse lamp showed up and vehicle B started to reverse. I immediately sound my horn but still vehicle B continue to reverse. as a result vehicle B reverse into my vehicle A's front portion. No injuries reported at the scene. (TP reversed into insured)

## Declaration

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

Mpian 11/20/2017 16:59  
Policyholder's Signature / Date & Time

11/20/2017 16:59  
Driver's Signature (If driver is not the policyholder) / Date & Time

Aaron Chuah (S991802) ACP  
Customer Care Executive  
Motor Service Centre  
Witnessed by Reporting Centre Personnel