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 witholding 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.

	by consent to the archiving of this report at the centre and to copies of the report being made available						
	ACCIDENT STATEMENT						
Date Of Report	24/11/2017 11:00						
Date Of Accident	23/11/2017 20:10						
Exact Location Of Accident	SLE TWDS BKE (B4 WOODLANDS AVE 2)						
Country/State of Loss	SINGAPORE						
	DETAILS OF OWN VEHICLE						
Vehicle Registration Number	SGA8885Y						
Insured/Policyholder							
Name Of Registered Owner	CHIA CHOON PIOW						
NRIC No	S1602803G						
Email Address	CPCHIA63@GMAIL.COM						
Mobile Phone No	(LOCAL) +65-98788831						
Alternative Phone No	OTHERS-98788831						
Vehicle Particulars							
Manufacturer	NISSAN						
Model	TEANA-2.5 CVT ABS D/AB HID 2WD 4DR (A)						

Exact Purpose for which vehicle was being used at PTE USE

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 5074972692-02

25/09/2017 - 24/09/2018 Cover Note Number

Driver

Name of Driver CHIA CHOON PIOW

NRIC No S1602803G Date Of Birth 21/04/1963 **INDOOR** Occupation **Date Of Driving Pass** 15/09/1981

36 YEARS AND 2 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-98788831

Fax Number

Contact Number OTHERS-98788831

EMail Address CPCHIA63@GMAIL.COM Address BLK 504 ANG MO KIO AVE 8 #03-2666

Postcode 560504

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 LIGHT DRIZZLE

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.
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

UNKNOWN VEHICLE SLOWED DOWN INFRONT, AS SUCH I FOLLOWED TO SLOW DOWN TOO. NEXT MOMENT, I FELT AN IMPACT AND REALISED MOTOR CAR SLF2888T CAME FROM BEHIND AND RAMMED ONTO MY VEHICLE REAR PORTION. NO ONE WAS INJURED.

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 SLF2888T

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver LOO WAI HOONG

NRIC/Passport Number S7668849D

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

6BB 4390M ((nina) DOA: 22/11/17@ 1750

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- 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:

- 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)
 - (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
 - 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.

Holicyholder's Signature

Date & Time:

Oriver's Signature

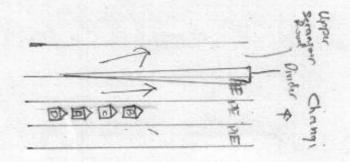
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature 101/11/10 Name:

NRIC/FIN No.:

SKETCH PLAN



B - Lato 98 677 C - EX62-88 Y C - EX62-88 Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Policyholder's Signature (HD)

Date & Time:

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					Beat .						

Driver's Signature . (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: (FIM)



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1602803G



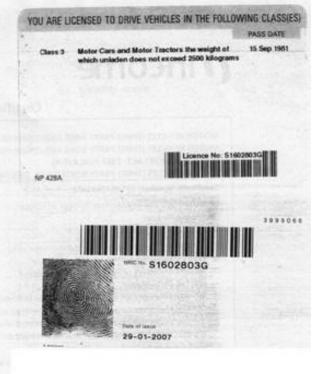
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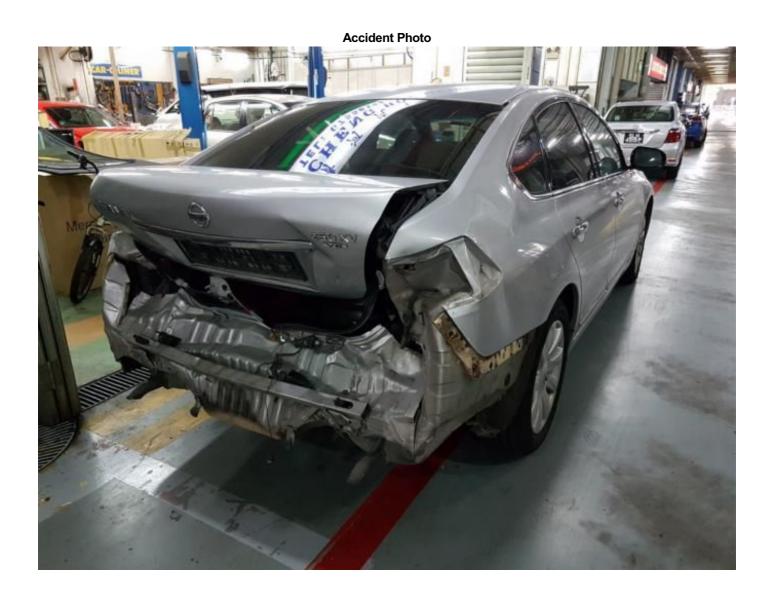
SINGAPORE

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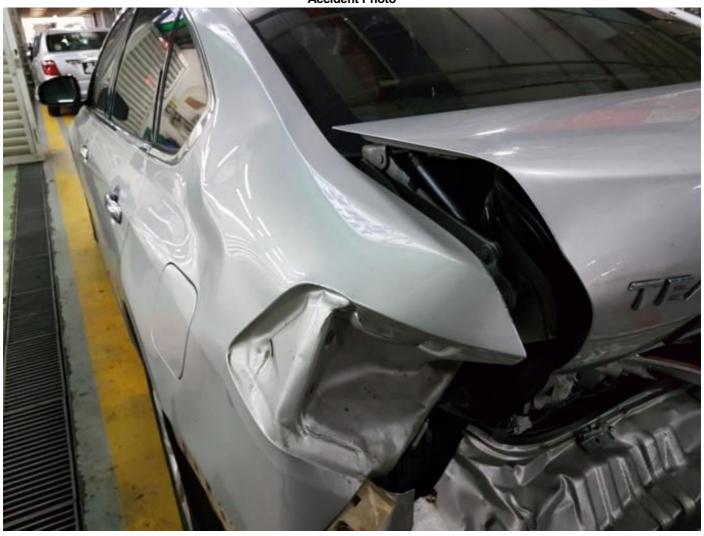


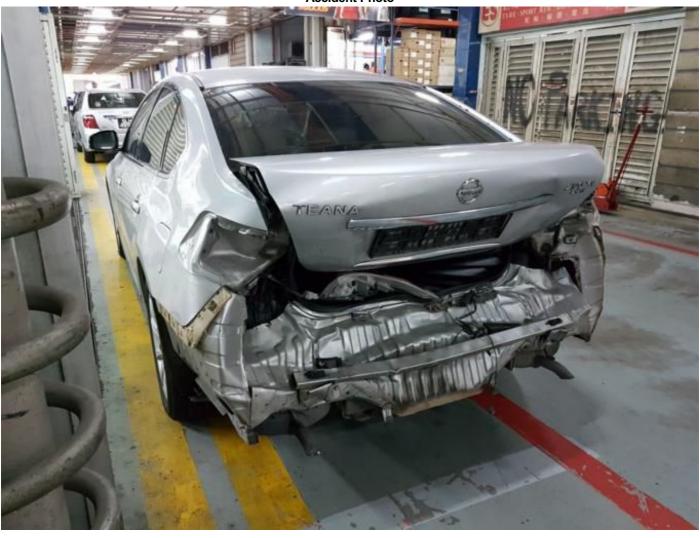












SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

