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
- 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

Date Of Accident 02/12/2017 13:40 Exact Location Of Accident AYE > MCE NEAR WEST COAST Country/State of Loss SINSAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SJB2154Y Insured/Policyholder Name of Registered Owner BASIL ALI OMER UQBA KIRIC No \$2688302D Simil Address NOEMAIL Mobile Phone No (LOCAL) +65-97824745 Mobile Phone No OTHERS-97824745 Vehicle Particulars Vehicle Particulars Manufacturer HONDA Model STREAM-1.8 (A) Exact Purpose for which vehicle was being used at ime of accident THERD PARTY Are you claiming under your own insurance policy or repair to your vehicle? NO Mo Please stale action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Vippe Of Coverage COMPREHENSIVE Glies Policy NO Policy Number 5081364342 Cover Note Number BASIL ALI	ALE ETTEL FLORIDA	ACCIDENT STATEMENT		
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Mobile Number (LOCAL) +65-97824745 Fax Number OTHERS-97824745	Driving Experience	15 YEARS AND 8 MONTHS		
Fax Number Contact Number OTHERS-97824745	Gender	MALE		
Contact Number OTHERS-97824745	Mobile Number	(LOCAL) +65-97824745		
	Fax Number			
EMail Address NOEMAIL	Contact Number	OTHERS-97824745		
	EMail Address	NOEMAIL		

Address BLK183 BEDOK NORTH ROAD

#20-52

Postcode 460183

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

-

2

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

NO

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON THE STATED DATE & TIME, I WAS TRAVELLING ALONG FIRST LANE AT THE SAID LOCATION AND I NOTICED VEHICLE B (SLN827R) THAT BEHIND ME WAS VERY CLOSE TO MINE. THE VEHICLE IN FRONT SUDDENLY BRAKE AND I REACTED. VEHICLE B COULDN'T BRAKE IN TIME AND COLLIDED INTO MINE VEHICLE REAR. HE WAS TAIL GATING AND I WARN HIM BY GIVE HIM SIGNAL.

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 SLN827R

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver CHEONG YEW KEE

NRIC/Passport Number S1648070C Contact Number 98815005

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

SKETCH PLAN

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 liability.
- 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. 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.
- 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:
 - 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnal's Si

NRIC/FIN No.:

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SKETCH PLAN

CARRESPONDED OF A

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Please refer	Pollu Report	7/2017202/	2099,	
DECLARATION We declare the foregoing particu		espect.		SOR WORAS
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not th Date & Time:		Reporting Centre Personn Name: NRIC/FIN No.:	el's Signatura by