

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	11/12/2017 13:45
Date Of Accident	09/12/2017 19:10
Exact Location Of Accident	GEYLANG LOR 16
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGG4564T
Insured/Policyholder	
Name Of Registered Owner	HAN CHEOW YAH
NRIC No	S1211985B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98313257
Alternative Phone No	OTHERS-98313257
Vehicle Particulars	
Manufacturer	HONDA
Model	INTEGRA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	5078414833-01
Cover Note Number	13/05/2017 - 12/05/2018
Driver	
Name of Driver	ANG CHI SHENG
NRIC No	S9503366J
Date Of Birth	27/01/1995
Occupation	INDOOR
Date Of Driving Pass	29/08/2014
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98280890
Fax Number	
Contact Number	
Email Address	ANGCHISHENG@HOTMAIL.COM

Address	BLK 438 ANG MO KIO AVE 10 #04-1327
Postcode	560438
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2

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

AS I SAW GBD779S HAD PARKED HIS VEHICLE ON THE RIGHT, I THEN CONTINUED TO MOVED FORWARD. OUT OF A SUDDEN, FELT AN IMPACT AND REALISED GBD779S HAD STEERED OUT WITHOUT CHECKING AND COLLIDED ONTO MY VEHICLE RH 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	GBD779S
Vehicle Make/Model/Colour	YELLOW PICKUP
Details Of Properties	
Name of Driver	CHOO HOCK SENG
NRIC/Passport Number	S1368340I
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

SKETCH PLAN

VEHICLE NO.: SGG 4564T
INSURER: NPHC
DATE & TIME: 09/12/2017 @ 1910

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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.

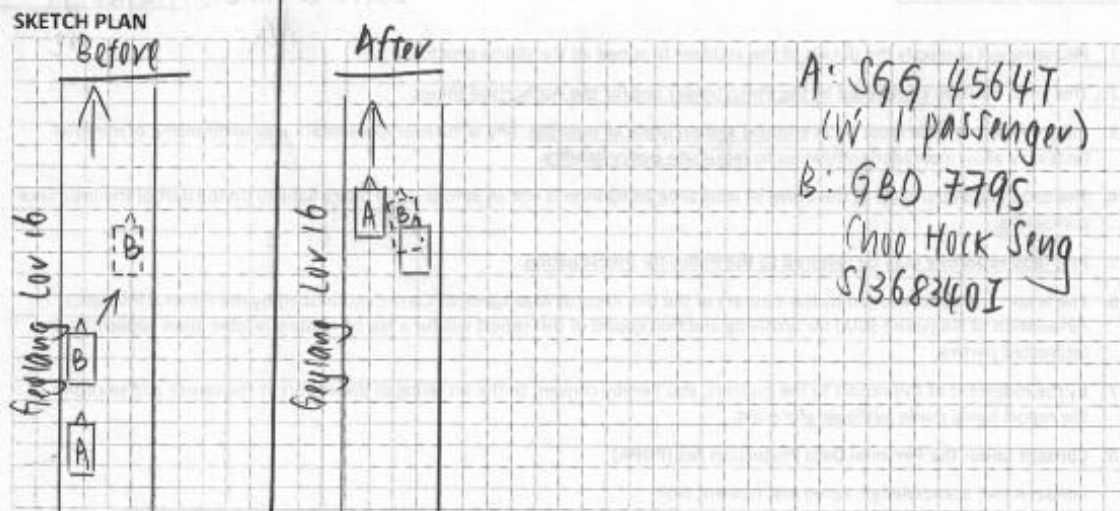
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Danyu (AMK)
NRIC/FIN NO.:

GIA/MSC/Ins/PlanForm_V3

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SGG 4564T (NTUC)
 Date & Time: 09/12/2017 @ 1910

As I saw GBD 779S had parked his vehicle on the right, I then continued to move forward. Out of a sudden, felt an impact on the right and realised GBD 779S had steered out without checking and collided onto my vehicle RH portion. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

☐ Claim Own Policy
☒ Claim Third Party
☐ Reporting Only
☐ Claim OD/TP at other workshop ()