

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	14/12/2017 11:41
Date Of Accident	12/12/2017 14:00
Exact Location Of Accident	306 CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL6725X
Insured/Policyholder	
Name Of Registered Owner	SG AUTO PTE. LTD.
Co Reg No	201523407C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85683388

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at 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	MOTOR TRADE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5078368774-01 TP
Cover Note Number	

Driver

Name of Driver	CHOY LAI MUN
NRIC No	S7641735J
Date Of Birth	09/12/1976
Occupation	INDOOR
Date Of Driving Pass	14/05/2012
Driving Experience	5 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85683388
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	51B LORONG H TELOK KURAU #03-14
Postcode	426155
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - OWN COMPANY
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	DRIZZLING
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

REFER TO SKETCH PLAN ATTACHED. ATTENDED BY AINI

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	YP5171B
Vehicle Make/Model/Colour	ISUZU NNR85UH4A
Details Of Properties	
Name of Driver	CHELLAPPAN SAKTHIRAJA
NRIC/Passport Number	G7317191T
Contact Number	
Address	
Postcode	
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	HUANG HEQUAN ADRIAN (NRIC: S7436244C)
Phone Number	92703160
Email Address	

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.

Policyholder's Signature

Date & Time:

14 DEC 2017



Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Reporting Centre Personnel's Signature

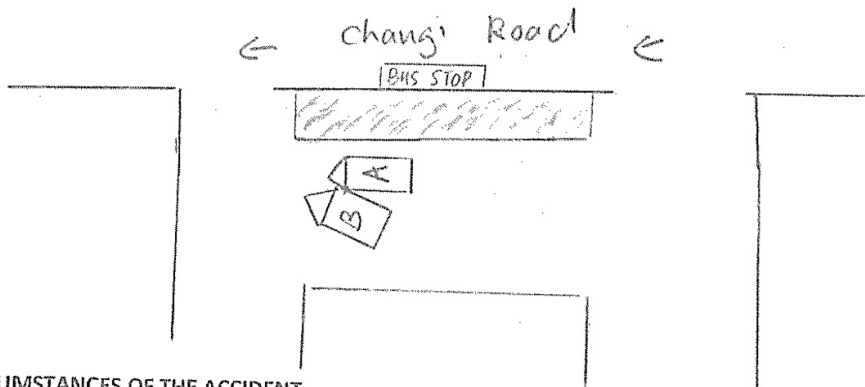
Name:

NRIC/FIN No.:

SKETCH PLAN

Vehicle A - SJL 6725X

Vehicle B - YP 5171B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12.12.2017 at about 2.00pm, I was parked my vehicle A at in front of Keng Yee Garden Condominium located at Changi Road.

When I came back to my vehicle A, one of the witness informed me that my vehicle hit by vehicle B.

I notice that my vehicle A front left was damage.

Vehicle A - SJL6725X - no passenger

Vehicle B - YP5171B - unknown

Witness: HUANG HEQUAN ADRIAN, IC:57436244C, HP:92703160

DECLARATION

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

Policyholder's Signature

Date & Time: 14 DEC 2017

Driver's Signature

(If driver is not the policyholder)

Date & Time:

TDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

