

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	18/12/2017 14:28
Date Of Accident	17/12/2017 11:55
Exact Location Of Accident	JUNCTION OF GRANGE ROAD/ONE TREE HILL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCY3368C
Insured/Policyholder	
Name Of Registered Owner	EVIE SUTANTO
NRIC No	S2658435C
Email Address	ISABELZLIM@GMAIL.CPM
Mobile Phone No	(LOCAL) +65-98485684
Alternative Phone No	OTHERS-84844318
Vehicle Particulars	
Manufacturer	LEXUS
Model	RX270
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5064874474-03
Cover Note Number	
Driver	
Name of Driver	LIM ZHUO YING,ISABEL
NRIC No	S9620723I
Date Of Birth	19/06/1996
Occupation	INDOOR
Date Of Driving Pass	21/07/2015
Driving Experience	2 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98485684
Fax Number	
Contact Number	OTHERS-84844318
EEmail Address	ISABELZLIM@GMAIL.CPM

Address	134 HOLLAND GROVE VIEW
Postcode	276284
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	SIDE SWIPE
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)	4

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU57H
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Name of Driver	KUAN WHYE MUN
NRIC/Passport Number	S6849600D
Contact Number	92272300
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

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.

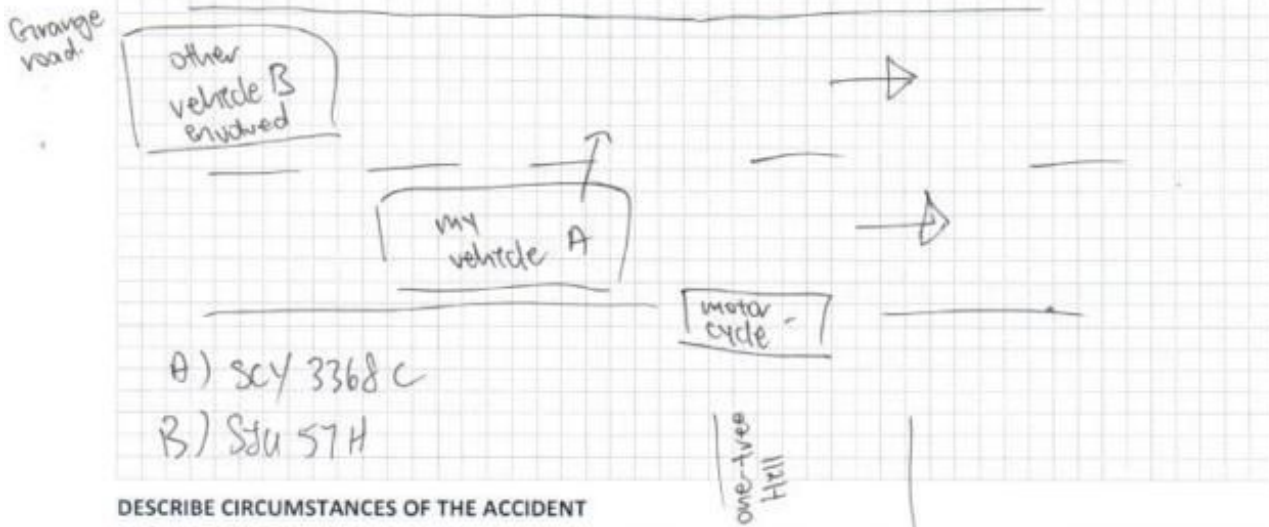
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10 December '17
10.57 am

Reporting Centre Personnel's Signature
Name: Rosli NAAAB
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along a two-lane road, (Grange Road). There was a motorcycle in front of me waiting to turn right into One Tree Hill. I wanted to overtake the motorcycle on his left. I checked my mirror and saw that there was a safe gap between myself and the vehicle involved in the accident. That vehicle was on the left lane I started to filter into the left lane, but the other vehicle was driving faster than me, and caught up on my left hand side. The left hand side of my vehicle then hit the right hand side of her vehicle. Both vehicles then pulled to the side of the road. No one was injured, there were dents and scratches along the left hand side of my vehicle, and dents and scratches along the right hand side of her vehicle. The driver of that vehicle claimed that the outside right door handle could no longer work, and the right side mirror could not rotate electronically, as it is suppose to. Both parties took pictures of the vehicles and the scene, exchanged contacts and insurance details, and drove away.

I have video of the accident taken by my car cameras (both front and back).

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: 18 December '17
11:56 am.

Reporting Centre Personnel's Signature
Name: Rosalyn Waters
NRIC/FIN No.:

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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