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.

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	19/12/2017 16:33		
Date Of Accident	18/12/2017 15:00		
Exact Location Of Accident	BLOCK 106A DEPOT ROAD OPEN SPACE CARPARK		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKR8071S		
Insured/Policyholder			
Name Of Registered Owner	SIAH SING KONG		
NRIC No	S1164892D		
Email Address	SIAHSINGKONG@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-96665360		
Alternative Phone No	OTHERS-96665360		

Vehicle Particulars

Manufacturer **TOYOTA**

COROLLA ALTIS-1.6 CVT (A) Model

Exact Purpose for which vehicle was being used at

time of accident

WAS PARKING CAR INTO PARKING LOT

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

REPORTING ONLY If No, Please state action to be taken 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 5088307372

Cover Note Number

Driver

Name of Driver SIAH SING KONG

NRIC No S1164892D Date Of Birth 01/04/1956 **INDOOR** Occupation **Date Of Driving Pass** 10/04/1978

Driving Experience 39 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96665360

Fax Number

Contact Number OTHERS-96665360

EMail Address SIAHSINGKONG@GMAIL.COM Address BLK 117 BUKIT MERAH CENTRAL

#07-3755

Postcode 150117

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 - OPENING DOOR OF VEHICLE

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) 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

PLEASE REFER TO SKETCH PLAN

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 SJC1251B

Vehicle Make/Model/Colour HONDA STREAM

Details Of Properties

Name of Driver

NRIC/Passport Number

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

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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)
 - (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:

KETCH PLAN	BIK 106	DKPO7 ROAD	OPHAN CARPARK
ESCRIBE CIRCUMS	BUT NO DE SURME OF 17	A B	A) SKR 8071S B) SJC1257B
TAG GENERAL SALERANCE EST	PER ATTACH	7.	
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ECLARATION			
We declare the forego	ing particulars are true in eve	ry respect.	an 19/11/201
oligyholder's Signature ate & Time: 19 12	Driver's Signature (If driver is not the policyholder) Date & Time:		Reporting Centre Personnel's Signature Name: NRIC/FIN No.: POPL WHITES

At around 3pm on the 18th of December 2017, I parked my vehicle (SKR 8071 S) at the parking lots under Blk 106A Depot Road at around 3pm next to a white Honda Stream SJC 1251 B.

As I opened my car door and turned to retrieve my mobile phone, a man claiming to be the driver of the parked car SJC 1251 B, which was parked beside mine, told me that I impacted the passenger side of his vehicle with my open door.

As I did not feel any impact at all, we proceeded to inspect his vehicle. Upon scrutiny, there was a small mark observed on the paint surface of the car door. There were however no observed indents on the door.

The driver informed me that the car was rented and that he will inform the rental company. After pictures were taken, we parted ways and left the area.

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