### 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.

Date Of Report 28/12/2017 09:55  Date Of Accident 27/12/2017 16:45  Exact Location Of Accident JLN EUNOS & BEDOK RESERVOIR JUNCTION  Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLK6504Z  Insured/Policyholder  Name Of Registered Owner LO CHEE LIN  NRIC No S1568379A  Email Address NOEMAIL  Mobile Phone No (LOCAL) +65-96981771  Alternative Phone No OTHERS-96981771  Vehicle Particulars  Manufacturer LEXUS  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy repair to your vehicle?  If No, Please state action to be taken THIRD PARTY  Vehicle Category PRIVATE CAR  Insurance Company  Name of Insurance Company  Type Of Coverage COMPREHENSIVE  Fleet Policy No  Policy Number  Cover Note Number  Driver  Name of		ACCIDENT STATEMENT	
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Vehicle Particulars     LEXUS       Manufacturer     LEXUS       Model     LEXUS       Exact Purpose for which vehicle was being used at time of accident     GOING HOME       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     NTUC INCOME INSURANCE CO-OPERATIVE LTD       Type Of Coverage     COMPREHENSIVE       Fleet Policy     NO       Policy Number     5093184256       Cover Note Number     LO CHEE LIN	Mobile Phone No		
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	Driver		
	Name of Driver	LO CHEE LIN	

29/03/1962 Date Of Birth INDOOR Occupation 18/12/1984 Date Of Driving Pass

33 YEARS AND 0 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-96981771 Mobile Number

Fax Number

OTHERS-96981771 Contact Number

NOEMAIL **EMail Address** 

7 AIDA STREET Address

Postcode 459925

Was driver an employee of the Insured's Company NO

OWNER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

NO 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** 

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES NO

NO

1

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBB6509B

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

SYED SALLEH BIN SYED SALIMALHABSHI Name of Driver

NRIC/Passport Number

81249552 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

## SKETCH PLAN

## IMPORTANT NOTICE

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- This form must be completed by the Policyholder and/or the Authorised Driver
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- 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.
- Any false reporting may be referred to the Police for investigation
- 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.
- B Consent under the Personal Data Protection Act (PDPA)

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) who have insured 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.
  - (m) 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 myorve 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 edministering, 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.
- (c) the information so collected under (d) above may be shared / disclosed
  - (ii) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud regulators, (aw 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 Oate & Time

Driver's Signature

(if driver is not the policyholder)

Date & Terrer

Reporting dentre Personnel's Signature

NRIC/FIN NO

## Sketch Plan #2

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CLARATION		
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Winsder's Segnature		stym 28/12/17
e & Time	Oriver's Signature (if driver is not the policyholder)	Reporting Personnel's Signature
	Date & Time	Name