

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	26/12/2017 16:32
Date Of Accident	23/12/2017 01:00
Exact Location Of Accident	SOUTH CANAL ROAD BESIDE OCBC BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX5343X
Insured/Policyholder	
Name Of Registered Owner	ANDREW & YAN
Co Reg No	53354460B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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 PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	PANG YOK SAY
NRIC No	S1720700H
Date Of Birth	02/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	13/12/1999
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91814235
Fax Number	
Contact Number	
EMail Address	PANG.ANDREW@YMAIL.COM

Address	BLK 755 YISHUN ST 72 #03-258
Postcode	760755
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

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 ambulance?	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

ON 23//12/2017 AT ABOUT 0110 HRS AT ALONG SOUTH CANAL ROAD BESIDE OCBC BUILDING. I WAS TRAVELLING ON THE EXTREME RIGHT LANE ALONG SOUTH CANAL ROAD AND SUDDENLY A VEHICLE (B) EXITED OUT FROM THE SLIP ROAD OF NORTH CANAL ROAD WITHOUT GIVING WAY TO MY ON COMING VEHICLE AND HENCE COLLIDED ONTO MY RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. (A) SKX 5343X (B) SH 9713A

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PLEASE GET FROM WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9713A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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 vehicle(s) collectively (the "Purposes").

(b) All insurer(s) who have insured vehicle(s) involved in this accident and my insurer's lawyer/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information and/or my vehicle(s) for the purposes stated in (a).

(c) My Personal Information may be disclosed by any of the Insurers and/or GIA to the relevant government agency/authority (such as the police), which may use such details of Singaporean motorists in the course of their work.

(d) Personal information will be processed and used to facilitate the investigation of the accident and/or my claims.

(e) Personal information processed under (a) and (b) may be shared with:

- (i) authorities and/or any other third parties that assist in evaluating, investigating, controlling or managing road, regulatory, 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.

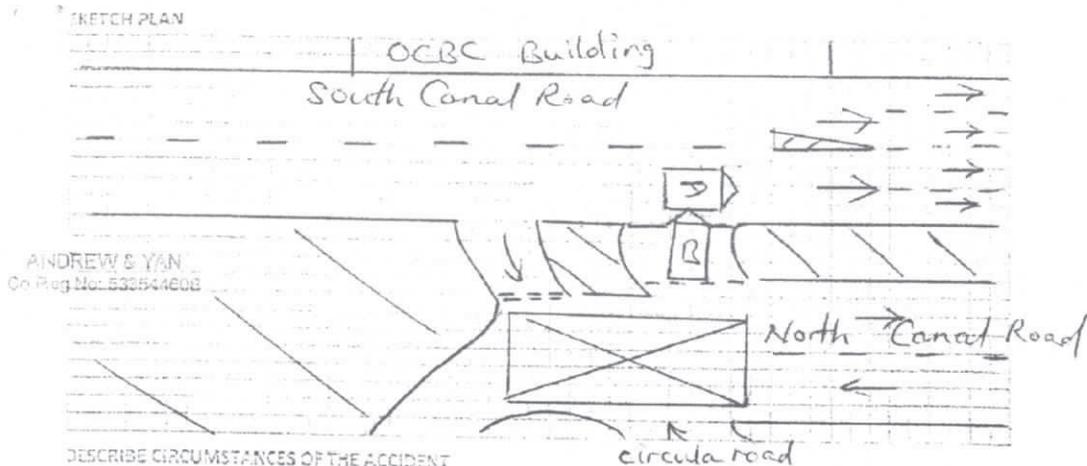
ANDREW & YAN
Co Reg No: 63354460B

Insurer's Signature
Date & Time:

Driver's Signature
Date & Time:

Reporting Date
Name:
NIC/FIN No.

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 23/12/2017 at about 0110 hrs at along South Canal Road beside OCBC Building. I was travelling on the extreme Right Lane along South Canal Road and suddenly a Vehicle (B) exited out from the slip Road of North Canal Road without stopping and without giving way to my on coming vehicle and hence collided onto my Right Portion of my Vehicle (A) causing damages to my vehicle.

(A) SRX 5343 X
(B) SH 9713 A

DECLARATION

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

ANDREW & YAN
Co Reg No: 53354460B

Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC/IN No: