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.

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	ACCIDENT STATEMENT	
Date Of Report	03/01/2018 17:49	
Date Of Accident	02/01/2018 19:00	
Exact Location Of Accident	PIE BEFORE SIMS AVENUE EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FS7838H	
Insured/Policyholder		
Name Of Registered Owner	YEO KER NENG KENNETH	
NRIC No	S9319258C	
Email Address	KENNETH44TH@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-90602078	
Alternative Phone No	OTHERS-90602078	
Vehicle Particulars		
Manufacturer	HONDA	
Model	PHANTOM-149CC (M)	
Exact Purpose for which vehicle was being used at time of accident	TO FETCH GIRL FRIEND	
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	MOTORCYCLE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5085975047-01	
Cover Note Number		
Driver		
Name of Driver	YEO KER NENG KENNETH	

NRIC No S9319258C Date Of Birth 03/06/1993 Occupation **INDOOR** 20/08/2015 Date Of Driving Pass

Driving Experience 2 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90602078

Fax Number

OTHERS-90602078 Contact Number

EMail Address KENNETH44TH@GMAIL.COM Address BLK 622 WOODLANDS DRIVE 52

#02-34

Postcode 730622

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 - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

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

NO

1

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN9433J

Vehicle Make/Model/Colour MERCEDES CLA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KAU CHUNG YUAN

NRIC/Passport Number S8005157C Contact Number 96789936

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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
- (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
- 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.
- 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: 03/01/2018

1455hre

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

Reporting Centre Personnei's Signature
Name:
NRIC/FIN No.: POSA WOHTH

Sketch Plan #2

SKETCH PLAN	LANE TWO LANE C	NE	LANTON
A) FS7838 H	CAR B.		Tap B
B) SUN 9433J	P	BIKE	a me
DESCRIBE CIRCUMSTANCES OF	FTHE ACCIDENT	POXICA Rizlando	has travelline
on lave one. I	was slightly ou	n the left of 1	ave one but
While the vehicle	influst was in	the middle of	lave one.
	which influent shi		
	brated. I foll		
less car inthins.	as the boat My	bike had slight	almager.
ECLARATION			
We declare the foregoing particula	ars are true in every respect.		/11
Sent		au	N 03/01/2017
Policyholder's Signature Date & Time: 03/01/2018	Driver's Signature (If driver is not the policyholder Date & Time:	Beporting Cen Name: NRIC/FIN No.:	tre Personnel's Senature AHAL























