#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 7. By the lodgement of this report to the insurers, you hereby consaforesaid.	a fee be made available upon application by interested parties.  ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/01/2018 16:40
Date Of Accident	04/01/2018 14:50
Exact Location Of Accident	BUS STOP INFRONT OF BLK 354 ANG MO KIO AVE 8
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA7304E
Insured/Policyholder	
Name Of Registered Owner	TAN HEK KOON
NRIC No	S0182602F
Email Address	HEKKOON@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82027979
Alternative Phone No	OFFICE-82027979
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
Exact Purpose for which vehicle was being used at	PTE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

**Insurance Company** 

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 5078379946-01

Cover Note Number 15/03/2017 - 14/03/2018

**Driver** 

Name of Driver TAN HEK KOON NRIC No. S0182602F Date Of Birth 23/02/1942 Occupation **INDOOR** 12/03/1965 **Date Of Driving Pass** 

**Driving Experience** 52 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82027979

Fax Number

**Contact Number** OFFICE-82027979

**EMail Address** HEKKOON@YAHOO.COM.SG Address BLK 303 ANG MO KIO AVE 1 #11-1121

Postcode 560303

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 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) 1

NO

#### **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**

I STOPPED BEFORE THE GIVE WAY MARKING TO GIVE WAY TO BUSES COMING OUT FROM THE BUS BAY. MOTOR TAXI SHC8382J CAME FROM BEHIND AND HIT ONTO MY VEHICLE REAR PORTION. NO ONE WAS INJURED.

### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: SEND DIRECT TO INSURANCE

NO Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHC8382J

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

Name of Driver CHEW CHYE HUI

NRIC/Passport Number S1124202B **Contact Number** 81672700

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2 SKETCH PLAN

VEHICLE NO.: SLA 7304E
INSURER : NTUC
DATE & TIME: PULIFIE (0) 1450

## **IMPORTANT NOTICE**

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- 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.
- 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.
- 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:
  - 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:
  - 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

GIARMC SketchPlanForm, V3

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: DIMUM (AMK)

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