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 <u>truthful and accurate</u> 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	08/01/2018 10:36
Date Of Accident	08/01/2018 06:55
Exact Location Of Accident	UPPER SERANGOON ROAD TOWARDS POTONG PASIR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV5667J
Insured/Policyholder	
Name Of Registered Owner	QUEK SU YIN
NRIC No	S6848019A
Email Address	VINCEANDSU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98713087
Alternative Phone No	OFFICE-98713087
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	NEW GOLF 5K13G5-1.4 (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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067292732-02
Cover Note Number	
Driver	
Names of Duissan	VINCENT TOOMS WENG SUM

Name of Driver VINCENT TOONG WENG SUM

NRIC No S2603122B
Date Of Birth 25/08/1966
Occupation INDOOR
Date Of Driving Pass 04/12/1992

Driving Experience 25 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91911330

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 61 MIMOSA ROAD

#02-67

Postcode 808015

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 RAINING
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

NO

3

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)

Passenger 1

NAME: : REBECCA TOONG YI ERN

GENDER: : FEMALE

Passenger 2 NAME: : BETHANY TOONG YI MING

GENDER: : MALE

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

ON THE ABOVE MENTIONED DATE & TIME, I WAS DRIVING MY WIFE'S VEHICLE (A - SJV5667J) AND WAS TRAVELLING ALONG UPPER SERANGOON ROAD TOWARDS POTONG PASIR. UPON REACHING NEAR A BUS-STOP, THERE WAS A SBS PUBLIC BUS NOT FULLY PARKED INTO THE BUS-STOP AND SUBSEQUENTLY THERE WAS A PRIVATE CAR TRAVELLING IN FRONT OF MY VEHICLE FILTERING OUT TOWARDS TO RIGHT SIDE OF THE ROAD. WHILE I WAS MOVING FORWARD SLOWLY, I SUDDENLY FELT AN IMPACT COMING FROM MY REAR AND NEXT I REALISED THAT THERE WAS A PRIVATE CAR (B - SJM7557C) WHO HAD COLLIDED ONTO MY REAR. NO INJURIES WERE INVOLVED. THAT'S ALL.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJM7557C

Vehicle Make/Model/Colour TOYOTA WISH

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver AMIRUL BIN SURAN

NRIC/Passport Number S8631125I Contact Number 85001446

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

SKETCH PLAN

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

Lunderstand, 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:
 - (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:

0 8 JAN 2018

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

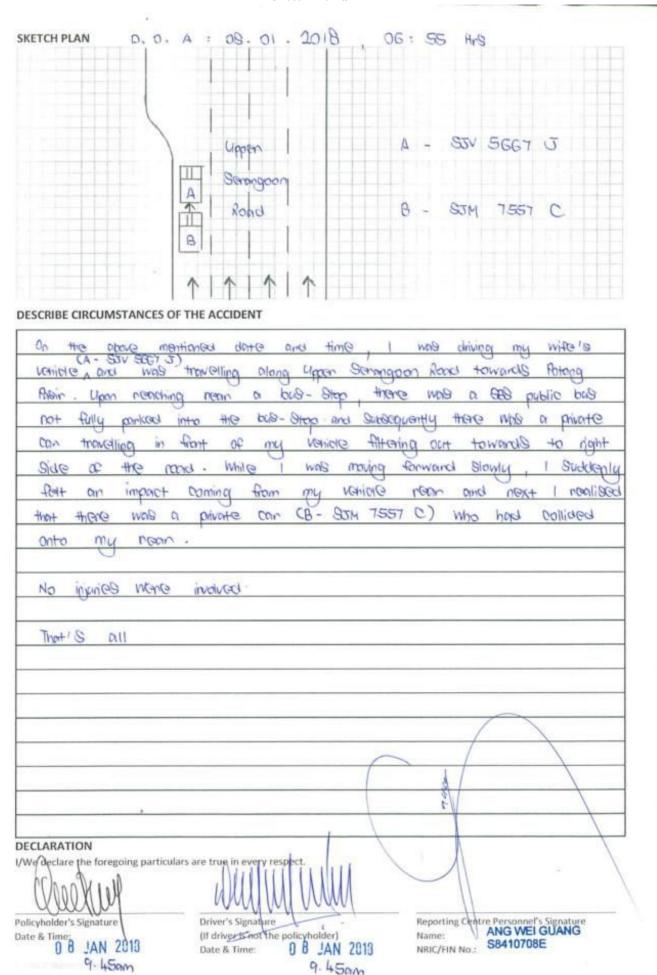
Date & Time:

9 45am

Reporting Centre Personnel's Signature

NRIC/FIN No.:

ANG WEI GUANG \$8410708E





















Accident Photo SJV5667J SJV5667J

