

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 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	25/01/2018 13:36
Date Of Accident	28/12/2017 09:35
Exact Location Of Accident	TUAS CUSTOM TOWARDS MALAYSIA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ7027K
Insured/Policyholder	
Name Of Registered Owner	TIEW KOK SOON
NRIC No	S7416050F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97929457
Alternative Phone No	OTHERS-97929457

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	5087495695
Cover Note Number	29/01/2017-28/01/2018

Driver

Name of Driver	TIEW KOK SOON
NRIC No	S7416050F
Date Of Birth	24/05/1975
Occupation	INDOOR
Date Of Driving Pass	14/04/2004
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97929457
Fax Number	
Contact Number	OTHERS-97929457
Email Address	NOEMAIL

Address	BLK 384 TAMPINES ST 32 #03-33
Postcode	520384
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	SIDE SWIPE
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
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : LARRY THNY GENDER: : MALE
Passenger 2	NAME: : TIEW POH TIN GENDER: : MALE
Passenger 3	NAME: : STEVEN THNY GENDER: : MALE

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

I received the NTUC Claim in regard to the accident involving SKZ7027k/SLF3864E dated on 28 Dec 17 9.37am . I'm was driving to Malaysia using Tuas Custom .This incident happened in Malaysia custom side while i'm queuing for clearance. (see the attached photo) It was a heavy traffic jam on that day and I was driving very slowly for the queue. While waiting for the queue , my car was in stationary mode. Out of the sudden, the driver (SLF3864E) came out of the car and stated that my car knock into his car. The reasons why I did not reported this issue on that day : • This incident happen at Malaysia custom side, it might cause more complication . • Secondly ,I thought that the insurance don't cover oversea. • Also,I saw that it was a minor scratches on my car and I thought of letting him go instead. • Now ,I would like to readdress this incident and reclaim the damages from my end back to him Attached are the photos taken on that day for your perusal

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF3864E
Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

- (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 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:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

HOCK WAH MOTOR WORKSHOP PTE LTD
8005 Tampines St. 83, #01-204
Singapore 528540
Tel: 6785 3933 (2Lines) Fax: 6785 3933

Sketch Plan #2

SKETCH PLAN

The diagram shows two rectangular containers, labeled A and B, positioned side-by-side. Each container has a triangular shape on top, representing a roof. To the right of the containers, the text 'TUAS CUSTOM TOWARDS MALAYSIA' is written. Below this, the codes for each container are listed: 'A: SKZ70271K' and 'B: SLF3864E'.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GIA REPORT

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

HOCK WAH MOTOR WORKSHOP PTE LTD
 Bk 9006 Tampines St. 93, #01-204
 Singapore 528840
 Tel: 6788 3933 (2Lines) Fax: 6788 3933

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



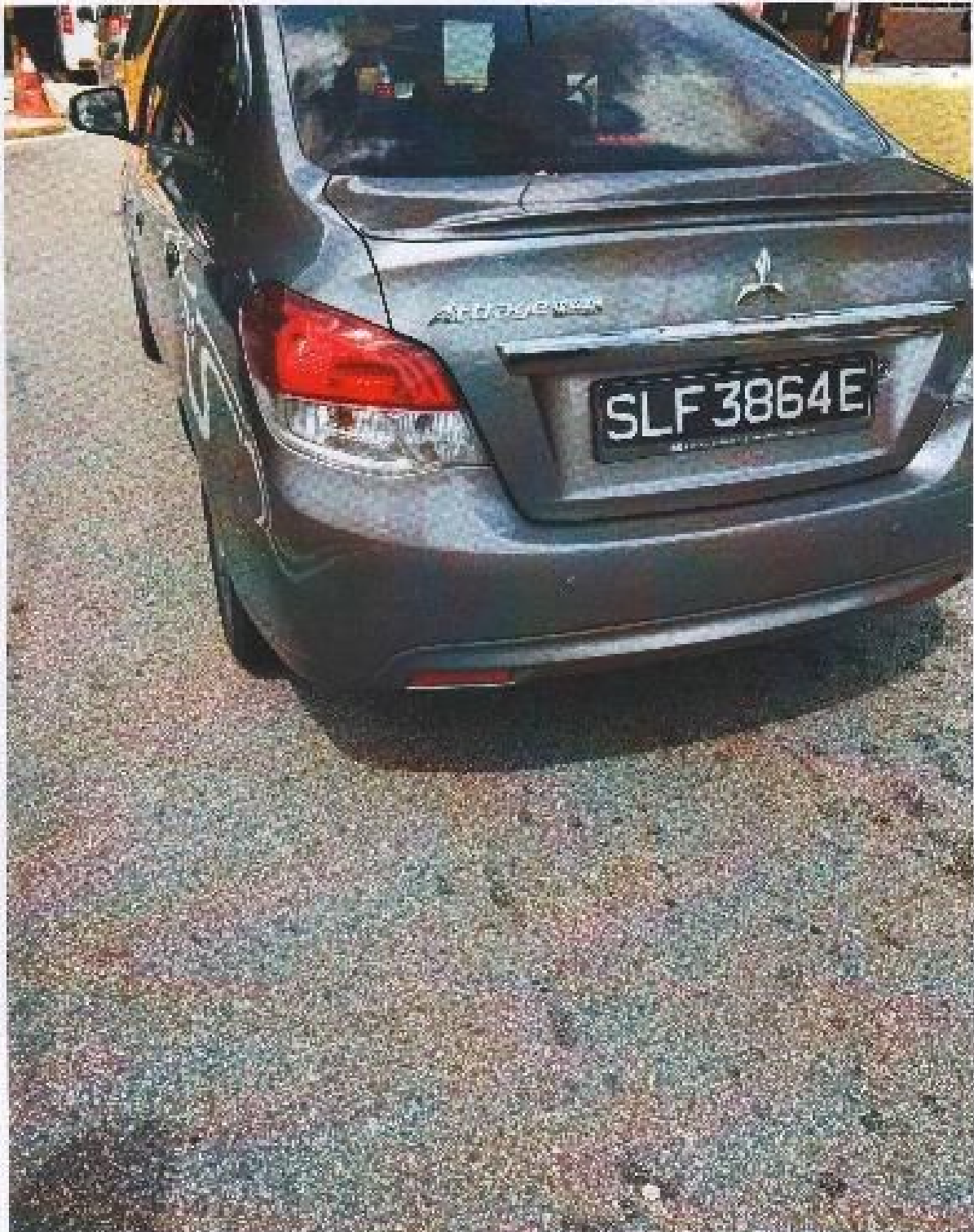
Accident Photo



SCENE IMAGE

10/5/2018

NTUC Car Claim 8427037K



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