

## 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	29/01/2018 23:19
Date Of Accident	25/01/2018 17:45
Exact Location Of Accident	NUOVA CONDO EXIT TO ANG MO KIO AVE 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV5225J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PHUA LENG LENG
NRIC No	S7020468A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97399100
Alternative Phone No	OFFICE-97399100

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200-2.0 (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	5090074271
Cover Note Number	

### Driver

Name of Driver	PHUA LENG LENG
NRIC No	S7020468A
Date Of Birth	25/06/1970
Occupation	INDOOR
Date Of Driving Pass	24/04/1989
Driving Experience	28 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97399100
Fax Number	
Contact Number	OFFICE-97399100
Email Address	NOEMAIL

Address	23 ANG MO KIO AVE 9, 03-12
Postcode	569787
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	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
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

PLS REFER STATEMENT ATTACH

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE129T
Vehicle Make/Model/Colour	
Details Of Properties	REAR
Vehicle Category	PRIVATE CAR
Name of Driver	MS CHIA MEI LING MAGDALENE
NRIC/Passport Number	S7938714B
Contact Number	96730543
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.:

INSURER:

DATE & TIME:

SCV5275 J  
N74C  
25/1/18 @ 1745h

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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:

29/1/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

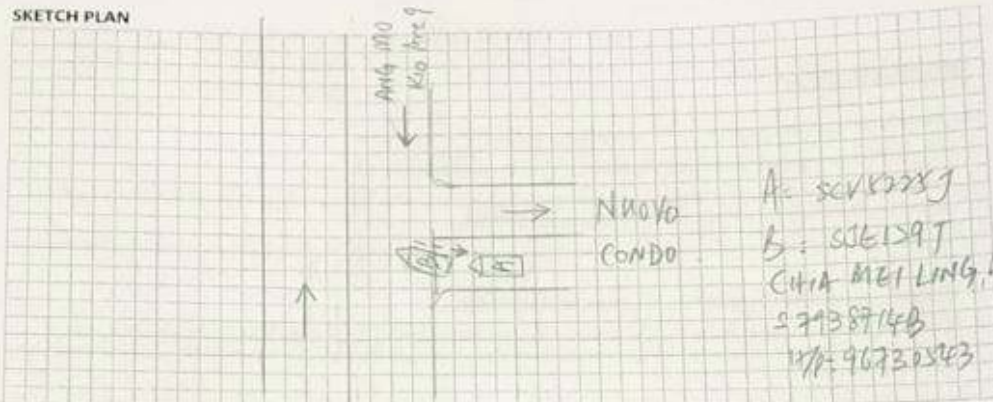
Name:

NRIC/FIN No.:

29/1/18

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred on 25/1/18 @ 1747hrs at the NUOVA Condo exit. In/Car (B) turned out to Ang Mo Kio Ave 9 but half way stopped. I follow to stop. While waiting, she suddenly reversed and collided onto the front of my vehicle. The lady driver proposed private settlement but today she informed me to go for insurance instead.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### DECLARATION

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

*Lena Pan*

Policyholder's Signature

Date & Time:

29/1/18

CHRSAC Sketch Plan Form V2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )

Reporting Centre/Personnel's Signature

Name:

NRIC/FIN No.:

29/1/18