

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	02/02/2018 12:37
Date Of Accident	02/02/2018 08:05
Exact Location Of Accident	KB-1 BASEMENT CARPARK EXIT (KAKI BUKIT AVE 3)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB5113J
Insured/Policyholder	
Name Of Registered Owner	WONG WOEI WEI
NRIC No	S7135263C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97438086
Alternative Phone No	OFFICE-97438086

Vehicle Particulars

Manufacturer	LEXUS
Model	GS450
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	REPORTING ONLY
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	5078251701-01
Cover Note Number	

Driver

Name of Driver	WONG WOEI WEI
NRIC No	S7135263C
Date Of Birth	03/10/1971
Occupation	INDOOR
Date Of Driving Pass	31/07/1991
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97438086
Fax Number	
Contact Number	OFFICE-97438086
Email Address	NOEMAIL

Address	BLK 127 GEYLANG EAST AVE 1 #03-99
Postcode	380127
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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?	
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

DURING MY ROUTINE TO SITE, I WAS EXITING FROM THE MULTI STOREY CARPARK. WHEN I WAS REACHING THE EXIT OF BASEMENT CARPARK WITH A LOW SPEED, I SAW SOME OBSTACLE ON THE LEFT SIDE OF THE EXIT AND OBSTRUCTING ME TO TURN LEFT. SO, I WILL JUST TURN ABIT OF MY STEER AND WAS EVEN SLOWER AND I STOPPED MY CAR BECAUSE I SAW A CABSTAR (VEHICLE B) GOING AGAINST THE FLOW OF DIRECTION. THEN I SAW HIM STOP AND I STEP ON MY ACCELERATOR. NEVER DID I KNOW HE TOO STEP ON HIS BEFORE ME AND WE COLLIDED ONTO EACH OTHER. NO ONE WAS INJURED AND WE EXCHANGE PARTICULARS. THAT'S ALL.

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	GBD1246G
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GANESAN SENTHIL
NRIC/Passport Number	G8286381N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

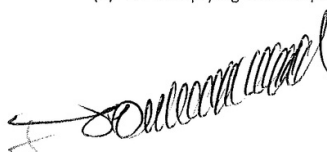
SKETCH PLAN

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 liability.
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. 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.
7. 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:
 - (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:

2/2/2018
10.00 am

Driver's Signature

(If driver is not the policyholder)

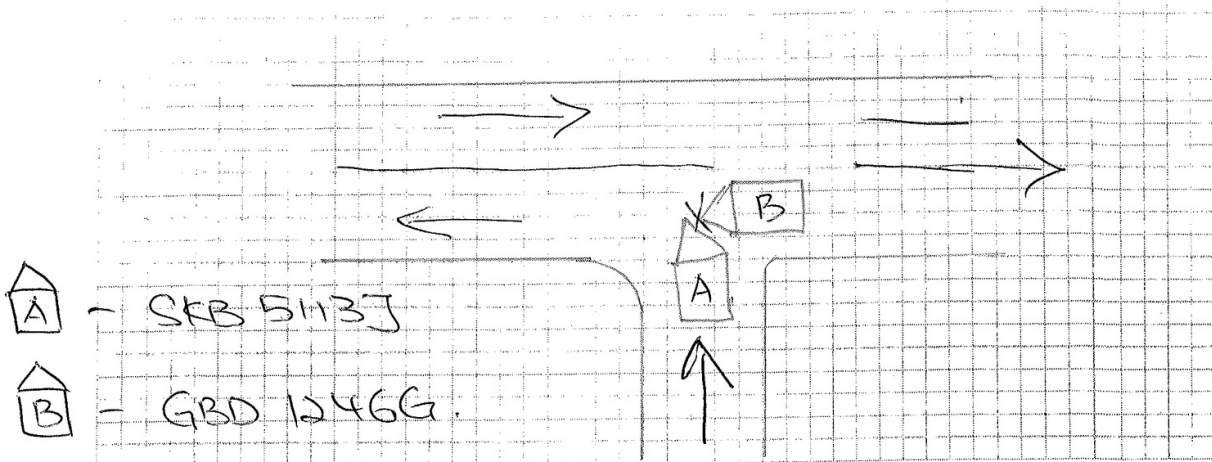
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

During my routine to site, I was exiting from the multi storey carpark.

When I was reaching the exit of basement carpark with a low speed, I saw some obstacle on the left side of the exit and obstructing me to turn left. So, I'll just turn a bit of my steering and was even slower and I stopped my car because I saw a cabstar (vehicle B) going against the flow of ^{when} direction. Then I saw him stopped and I stepped on my accelerator. Never did I know he too stepped on his before me and we collided ~~to~~ on each other.

No one was injured and we exchanged particulars. That's all.

DECLARATION

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

Policyholder's Signature

Date & Time:

2/2/2018

10.00 am.

Driver's Signature

(If driver is not the policyholder)

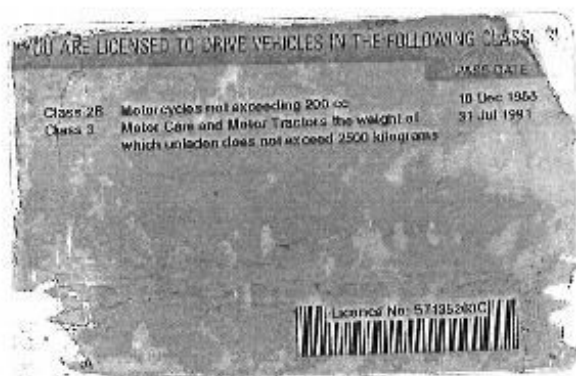
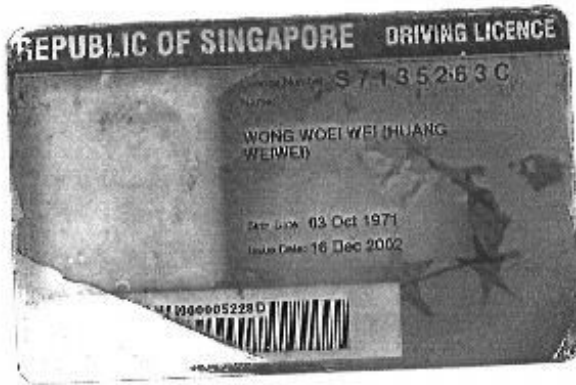
Date & Time:

Reporting Centre Personnel's Signature *

Name:

NRIC/FIN No.:

Driving License



INSURANCE



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M4-0004030-8

Policy Number	: 5078251701-02
The Policyholder	: WONG WOEL WEI BLK 117 #03-99 GEYLANG EAST AVENUE 1 SINGAPORE 380127
Period of Insurance	: 14 Jul 2017 To 13 Jul 2018
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,109.83
Interest Insured	
Cover Type	: drive CLASSIC
Primary Driver	: WONG WOEL WEI
Named Driver (1)	: N/A
Named Driver (2)	: N/A
Make/Model	: LEXUS/GS450
Registration Number	: SKB52131
Chassis Number	: JTHBC365005018724
Repair at Owner's Preferred Workshop	: No
Excess (Section 1)	: S\$600
Excess (Section 2)	: N/A
Windscreen Excess	: S\$100
Additional Excess	: N/A
Unnamed Driver Excess	: Please refer to Terms and Conditions
Hire Purchase Company	: TOKYO CENTURY LEASING (S) PTE LTD
Optional Cover	
Transport Allowance	: No
Excess Waiver	: No
Capacity	: 3500cc
Registration Date	: 14 Jul 2009
Off-peak Car	: No
Insure with COE	: Yes
NCD Entitlement	: 50%
NCD Protection	: Yes
Loyalty Discount	: 5%

Memo A : N/A

Endorsement Operative : M4, M4 No-claim discount protection

Agency : JIN-SHI (HOLDINGS) PTE LTD (00000624395)
Date of Issue : 10 Jul 2017 14:22 hrs

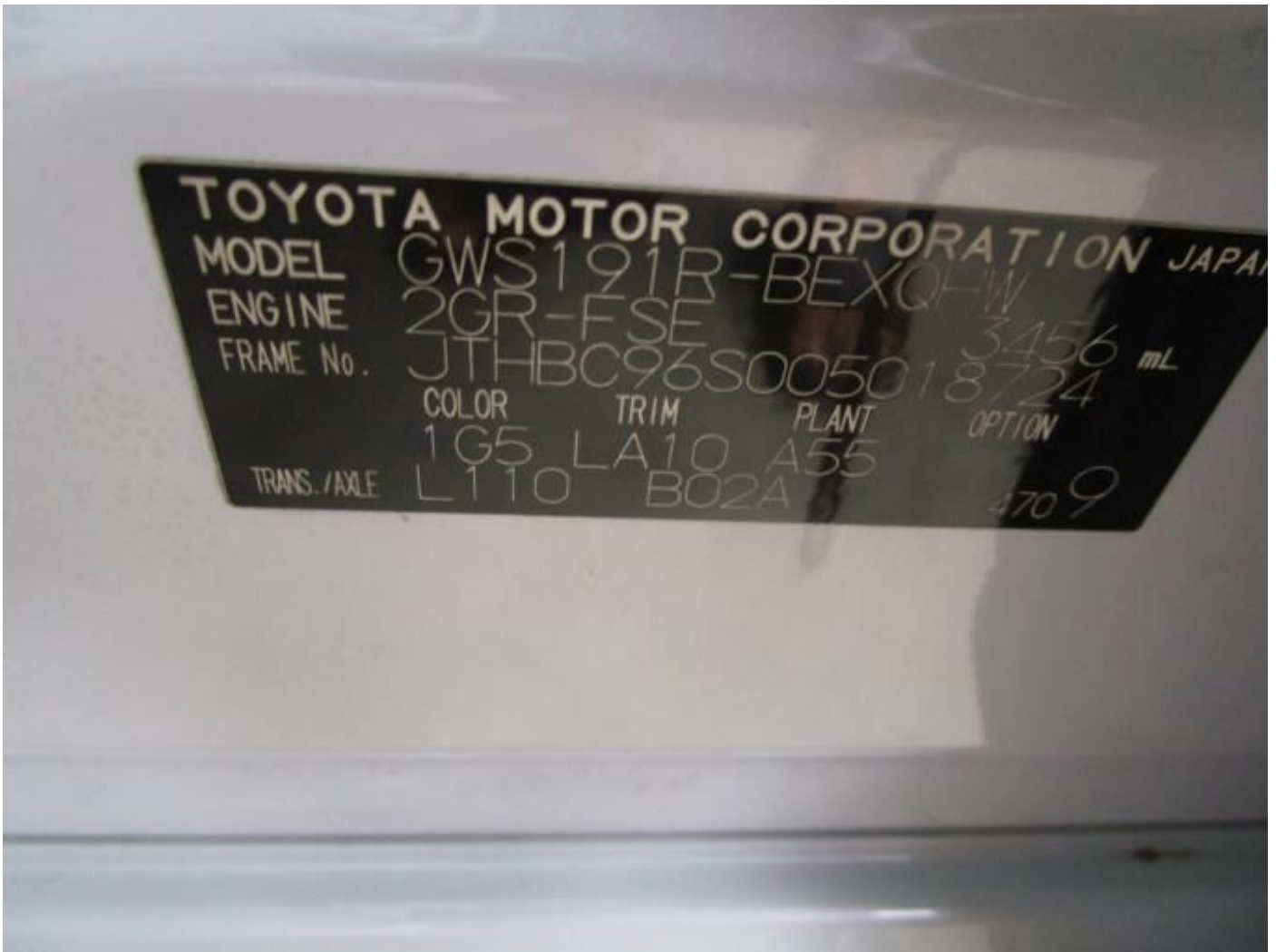
DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M8ME 18016387 Vehicle Registration No: 5KB 5113 J
Name (as shown in NRIC) : WONG WOEL WEL NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 02/02/2018 Time of Accident : 0805HRS
Place of Accident : KB-1 Basement CP exit (Kaki Bukit area)
Insurance Company : Nme

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CHANGE TO 'REPORTING ONLY'

Policyholder / Driver's Signature
Date:

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