

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	08/02/2018 11:18
Date Of Accident	07/02/2018 17:20
Exact Location Of Accident	IRWELL BANK ROAD TOWARDS RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA5685S
Insured/Policyholder	
Name Of Registered Owner	PATRICIA SOKE YIN LOH
NRIC No	S2011719B
Email Address	TUNNELITE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96602348
Alternative Phone No	OTHERS-96602348

Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV4-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5063030067-04
Cover Note Number	

Driver

Name of Driver	PATRICIA SOKE YIN LOH
NRIC No	S2011719B
Date Of Birth	03/01/1954
Occupation	INDOOR
Date Of Driving Pass	06/10/1982
Driving Experience	35 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96602348
Fax Number	
Contact Number	OTHERS-96602348
Email Address	TUNNELITE@GMAIL.COM

Address	40 LLOYD ROAD #06-48
Postcode	239107
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	
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

PLEASE REFER TO SKETCH PLAN

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	SKA5678B
Vehicle Make/Model/Colour	ERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO HOCK CHENG
NRIC/Passport Number	S0418565Z
Contact Number	96468923
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4
Passenger 1	NAME: : GENDER: :

Passenger 2

NAME: :
GENDER: :

Passenger 3

NAME: :
GENDER: :

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:

08 02 18

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

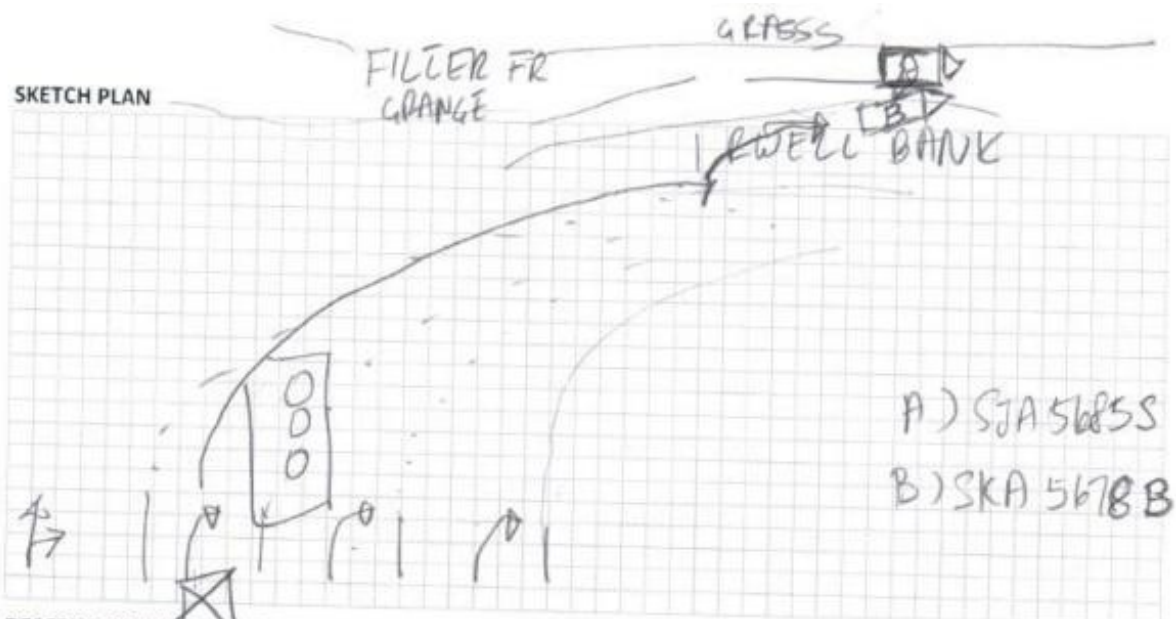


Reporting Centre Personnel's Signature
Name: *Reddy Arthoo*
NRIC/FIN No. *9221 441008*

Sketch Plan #2

SKETCH PLAN

GRANGE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS COMING FROM GRANGE ROAD - (HOLLAND TANGUN)
 TURN INTO LAWELL BANK RD
 FR SECOND LANE FROM LEFT

I LOOK AT CARS COMING FROM GRANGE RD FR
 DEVONSHIRE SIDE, ALL HAD STOPPED AT FILTER
 (I AM GOING TOWARDS RIVER VALLEY CITY CENTRE)
 AFTER COMPLETING TURN INTO 2nd Lane from left
 onto Lawell Bank, I signal and ~~cross~~ ^{change} into left
 most lane. Cars in front of me also filtering in
 well before bus stop, the mercedes hit me
 on driver's side.
 We both pulled up a bit and stopped to
 exchange info.

DECLARATION

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

Policyholder's Signature

Date & Time:

08 02 18 10:55am

GRANGE DETENTION

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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: S685566200 / GST Reg. No.: M400937735

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

ADDENDUM

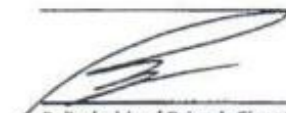
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

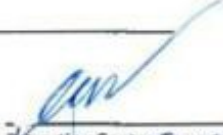
Original Report No : MA1441019434 Vehicle Registration No: SJA 56855
Name (as shown in NRIC) : Patricia Soke Yin Loh NRIC/FIN/Passport No : 520117193
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9660 2348
Email Address : _____
Date of Accident : 7/2/18 Time of Accident : 1720 hrs
Place of Accident : 1 Well Bank Rd towards River Valley Rd
Insurance Company : NTUC Income

(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:

I would like to claim own damaged for
my vehicle, due to liability issue.


Policyholder / Driver's Signature
Date: July 28, 2018


Reporting Centre Personnel's Signature
Name: Polly Yip
NRIC/FIN No.: _____
Date: 31/07/2018