#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

Mobile Number

Fax Number
Contact Number

**EMail Address** 

Date Of Driving Pass
Driving Experience

- 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 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

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/02/2018 10:55
Date Of Accident	13/02/2018 12:30
Exact Location Of Accident	BLK 3 KALLANG SECTOR OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ3518X
Insured/Policyholder	
Name Of Registered Owner	LOO DIXON
NRIC No	S9118764G
Email Address	DIXONLOO91@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98774949
Alternative Phone No	OTHERS-98774949
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	DOING PARKING
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	5096972427
Cover Note Number	
Driver	
Name of Driver	LOO DIXON
NRIC No	S9118764G
D 1 O(D) II	00/05/4004

23/05/1991

4 YEARS AND 7 MONTHS

(LOCAL) +65-98774949

DIXONLOO91@GMAIL.COM

OTHERS-98774949

INDOOR 03/07/2013

MALE

Page 1 of 12

**BLK 81 REDHILL LANE** Address

#10-59

NO

Postcode 150081

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**

COLLIDED INTO PARKED VEHICLE Type Of Accident

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 NO ambulance? YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

NO 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**

# PLEASE REFER TO SKETCH 1 AND 2

# 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**

SKX8750J Vehicle Registration Number Vehicle Make/Model/Colour HONDA VEZEL

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver NG KENG FU NRIC/Passport Number S7522235A **Contact Number** 96947081

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

## IMPORTANT NOTICE

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- 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.
- 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.
- 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.
- 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 :
  - 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.

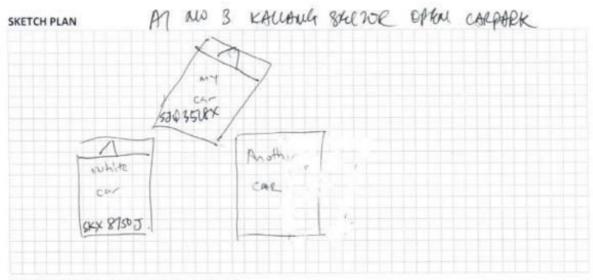
le 14 Leb 2018 Policyholder's Signature

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18th Feb 2018, at 1229 pay when I can revering my car
into a method packing let in between 2 stationery cars parked
with no graple in them. I hear a berging sound from my neversin
sensor. I immediately step on the broker as usual. Suggesting that I
might have accidentally touched the front right bumper of the
white as with my left near end of my car. I immediately done
formed and next to park in another lot that was about 2
parting spaces away from his car. I alighted from the car and
chicked on the white car if there are any contest make by my
car. Harever, I am not exactly size of those marks were made
by me - the loft over it my our head scentches previously due to
unknown reasons is needs ago. Therefore, I waited for the owner
to torn up. As he nelled part the fract of his car and opened
his door to enter his car, I stagged him and asked if he had
noticed here were scrutches on his front right lamper. I have
proceeded to ade if those scentches could have been made by me
He told me that it is possible that the sometices had have been
made by me as he had just political his car. And we continued
to examine the car and I asked him has would be like to
settle it He said he would like to get a quatetten from his
workshop first and then inform me like exchanged numbers. I though 3

DECLARATION

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

Policy | 14 Feb 2018

Policyholder's Signature | Driver's Signature | Old |

Date & Time:

NRIC/FIN No.:

Page 4 of 12

# Sketch Plan #3

# SKETCH PLAN

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

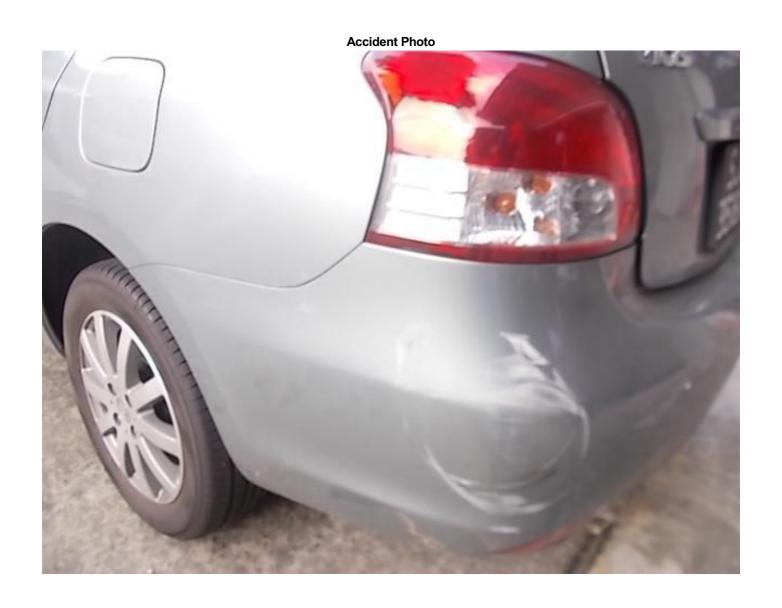
obstal & La	. Front ight lumper. After that we moved off, and I
	enquire a markshap on the patential repair costs. I
Sent the ob	into to the workshop number and the quoted ax to her
	\$150. Subsequently, when I gove a call to Keng Fu and
	open, he fild me that he got a gentation of about
	told him I would like to meet him back at the
i-cident one	which is 3 Kalley Sector, and I would like to
discuss with	him further in person. He agreed and met me there,
	lion as to why is the popular cust so high as I
ده بدام و	experting about \$150. He fold me that he had some
scratches on	Ae sight fender. I told him that I could not
have gerntely	ed that area or I stagged my our immediately upon
my reversing	sensor makes that beging, indicating that I am new
	insteads and the back of my our the five proceeded to
	5800, which I contain't corece I for collect my con-
W	my dealer mentional that such regain costs shouldn't
	a after socing he ghoto sent to him at 1243 gm. Hence,
	hed me to sect engage insurance to gettle this
Cane.	

V	4	Walt of	J		اادا م	to cor
dealer and my di	specina He o	that sent	such repair	n+	1293 pm	Section 198
he recommended me	to seeme	· engine	insure ce	+-	settle	this
Seas.						
DECLARATION /We declare the foregoing particular  14 Feb 2018 Policyholder's Signature	s are true in every respe Driver's Signature	ect.	Rano	Market Capture	Polick 3	2/206
Date & Time:	(If driver is not the policyholder) Date & Time:		Name		Rofli 1	MARIE









# **Accident Photo**



# **Accident Photo**



# **Accident Photo**

