

## 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	14/02/2018 11:51
Date Of Accident	13/02/2018 17:25
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD TOWARDS ROCHOR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4052U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JCI ENTERPRISE
Co Reg No	52959256L
Email Address	KOWEELIAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91865166
Alternative Phone No	OFFICE-91865166

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087891197
Cover Note Number	

### Driver

Name of Driver	KO WEE LIAN (XU WEILIAN)
NRIC No	S7501067B
Date Of Birth	12/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1997
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91865166
Fax Number	
Contact Number	OTHERS-91865166
Email Address	KOWEELIAN@YAHOO.COM

Address	BLK 275B COMPASSVALE LINK #06-204
Postcode	542275
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	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	SJW1480B
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	94300918
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.

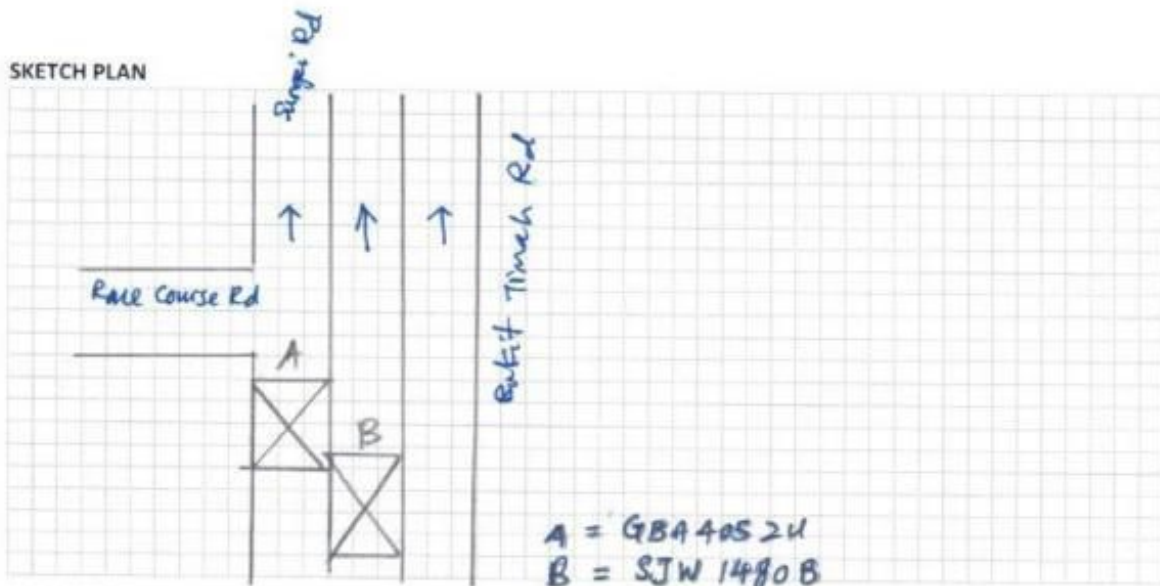
  
Policyholder's Signature  
Date & Time: 14/02/18 10:54am

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/02/18 10:54am

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/02/18 at about 17.26pm. I was travelling along Bukit Timah Rd towards Sungei Rd. After I alighted my colleague at the bus-stop near Little India MRT I continue to move on. After about 40m, I decided to move to the next outer lane as a lot of cars was turning left to Race Course Rd. So I signal right and slowly make my way to the next lane. I saw a car was very near my rear from my right side mirror. The car tailgated and did not slow down. So I carefully maintain my lane to avoid any accidents. Next moments, I heard a sound from behind and the car collided to my right rear side door. I immediately pull over to the shoulder and went on to check on the damages. My rear side door got slight dent and scratches. The left side mirror of the car was broken. No other damages to the car. The weather was good and clear. There was one passenger in the front seat probably the husband of the driver. No one was injured during the accidents.

In my opinion, the driver must have to engrossed with the traffic on her driver's side that she didn't notice her car is slowly colliding to my rear side door. I can't do anything if she is colliding to my rear. She insisted that I collided to her side mirror. I wondered if I turn to her side her side bonnet should be gone by then. This is all I wanted to said.

### DECLARATION

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

Policyholder's Signature  
Date & Time:

14/02/18 11:12am.

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

14/02/18 11:12am

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

14/02/2018

Rashed WATARS



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



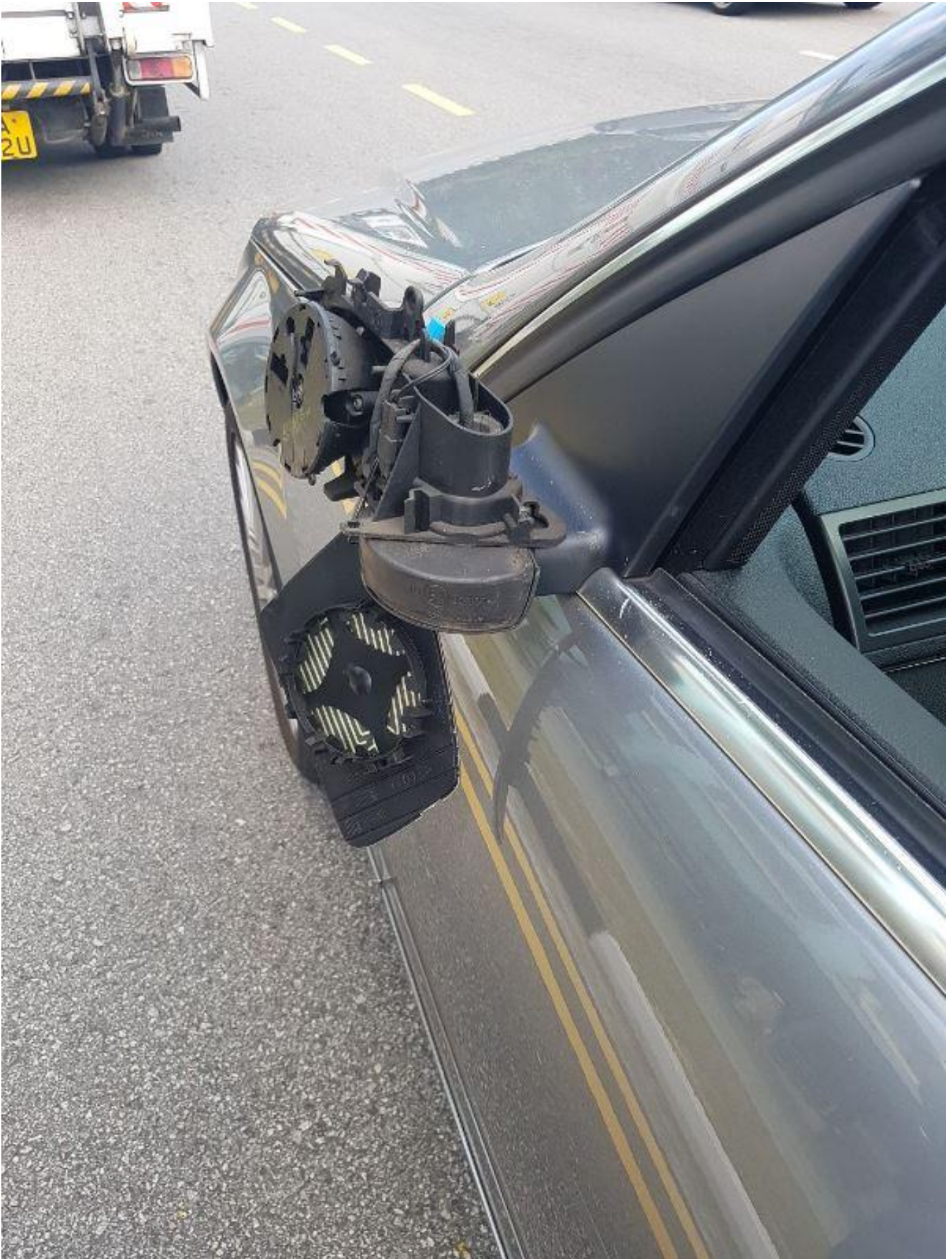


Accident Photo





Accident Photo





Accident Photo





Accident Photo

