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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	15/02/2018 09:09
Date Of Accident	14/02/2018 20:10
Exact Location Of Accident	WOODLANDS RD JUST AFTER STAGMONT RING
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ1725T
Insured/Policyholder	
Name Of Registered Owner	TAN HOCK KIANG RAYMOND
NRIC No	S1652331C
Email Address	RAYMONDTSG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97483857
Alternative Phone No	OTHERS-97483857
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	WAITING TO WASH CAR
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	5086981334-01
Cover Note Number	
Driver	

Name of Driver TAN HOCK KIANG RAYMOND

NRIC No S1652331C

Date Of Birth 02/03/1964

Occupation INDOOR

Date Of Driving Pass 03/08/1998

Driving Experience 19 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97483857

Fax Number

Contact Number OTHERS-97483857

EMail Address RAYMONDTSG@GMAIL.COM

BLK 553 CHOA CHU KANG NORTH 6 Address

#06-04

Postcode 680553

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

COLLISION - HEAD TO REAR 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) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1 NAME: : AGNES EE (WIFE)

> GENDER: : FEMALE

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

On Feb 14th 2018 at abour 8.10pm, my car was in the queue, lining for the car wash situated at Ah Peng Workshop along Woodlands Road, just after Stagmont Ring Road. My car was stationary, and there were 2 other cars in the queue ahead of me. Suddenly, the car behind me, a red Honda SLU5526P, lurched forward and hit the rear of my car. I got out of the car and surveyed the damage. There was a visible dent on my bumper. I exchanged contact and NRIC details with the female driver and infomed her that I will be bringing my car to be inspected for damages.

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 SLU5526P Vehicle Make/Model/Colour **HONDA**

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHEONG SOOK YUEN, EMILY

S8010992Z NRIC/Passport Number Contact Number 92223661

Address Postcode 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)
 - (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
- 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.
- 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 Signat

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Sketch Plan #2

SKETCH PLAN	WOODLANDS ROAD	JUST ALF ST.	ngmoun Rives
		AH Prach	
A) SKZ 17,		WORSHOP	CAR WASH
B) SL4 55.	26 P		
	BURTIXI]	
	(BIII)		
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		Newsconn	OR ROAD
DESCRIBE CIRCUI	MSTANCES OF THE ACCIDENT		
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1001101	10 Minor		
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DECLARATION			
I/We declare the fore	egoing particulars are true in every re	spect.	/ , , .
Day			ar 15/02/2018
Policyholder's Signatur Date & Time: 15/2	Control of the Contro	Salta Kalifa d	Reporting Centre Personnel' Signature
A Committee of the State of the	(If driver is not the Date & Time:		Name: ROLL WORDS























