

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 05/02/2018 16:08
Date Of Accident 04/02/2018 13:10
Exact Location Of Accident NEWTON CIRCLE ROUNDABOUT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ8575Y
Name Of Registered Owner YEW HUP HUAT TRADING
Co Reg No 36268200C
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-96895115

Manufacturer MERCEDES-BENZ
Model R280L-3.0 (A)

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 THIRD PARTY
Vehicle Category PRIVATE CAR

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number 5097261576
Cover Note Number

Name of Driver OH CHEE TAT (HU ZHIDA)
NRIC No S7708446J
Date Of Birth 28/03/1977
Occupation INDOOR
Date Of Driving Pass 20/04/1995
Driving Experience 22 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96895115
Fax Number
Contact Number
Email Address KEITHOH@ACECORP.COM.SG

Address BLK 110 SPOTTISWOODE PARK ROAD
#19-93
Postcode 081110
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 -
-
-

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

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) 2
Passenger 1
NAME: : OH RUI HENG
GENDER: : MALE

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?

PLEASE REFER TO SKETCH PLAN.

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 SLH8546E
Vehicle Make/Model/Colour BMW 1 SERIES
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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.



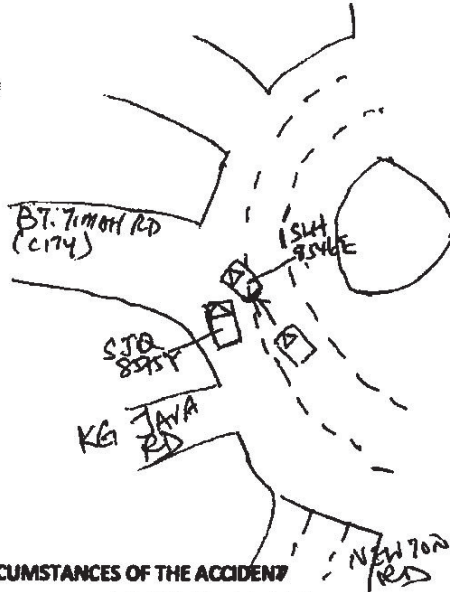
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 04/02/2018 AT ABOUT 1.10 P.M., I WAS DRIVING INSIDE NEWTON CIRCLE. ON MY LEFT MOST LANE, WHEN APPROACHING BT. TIMOTH RD JUNCTION, I CONTINUE ON MY DRIVING HEADS TO SCOTTS RD. A VEHICLE SLH 9546 ON MY RIGHT SUDDENLY SWERVED INTO MY LANE AND OVERTAKE MY VEHICLE TRYING TO TURNING INTO BT. TIMOTH RD, HENCE HIS VEHICLE LEFT REAR SIDE BEARED ONTO MY VEHICLE FRONT RIGHT SIDE, AFTER THE ACCIDENT BOTH OF US PARKED THE VEHICLE AT THE SIDE RD, WE EXCHANGE PARTICULAR FOR INSURANCE CLAIM.



Policyholder's Signature
Date & Time:

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

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