

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	06/03/2018 18:18
Date Of Accident	05/03/2018 08:20
Exact Location Of Accident	NEXUS INTERNATIONAL SCHOOL (ULU PANDAN)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5555U
Insured/Policyholder	
Name Of Registered Owner	LAW HON KIT ALFRED
NRIC No	S8507439C
Email Address	GOHSHILONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92773587
Alternative Phone No	OTHERS-92773587

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.5 Z G-EDITION CVT (A)
Exact Purpose for which vehicle was being used at time of accident	FETCHING BOSS KID TO SCHOOL
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	5096760132
Cover Note Number	

Driver

Name of Driver	GOH SHI LONG
NRIC No	S9311645C
Date Of Birth	01/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	23/11/2012
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92773587
Fax Number	
Contact Number	OTHERS-92773587
Email Address	GOHSHILONG@GMAIL.COM

Address	BLK 202 COMPASSVALE DRIVE #03-587
Postcode	540202
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	COLLISION - HEAD TO REAR
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	SJR9368S
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEVILLE SARAH EILEEN
NRIC/Passport Number	G5241574N
Contact Number	81808503
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)**

(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:

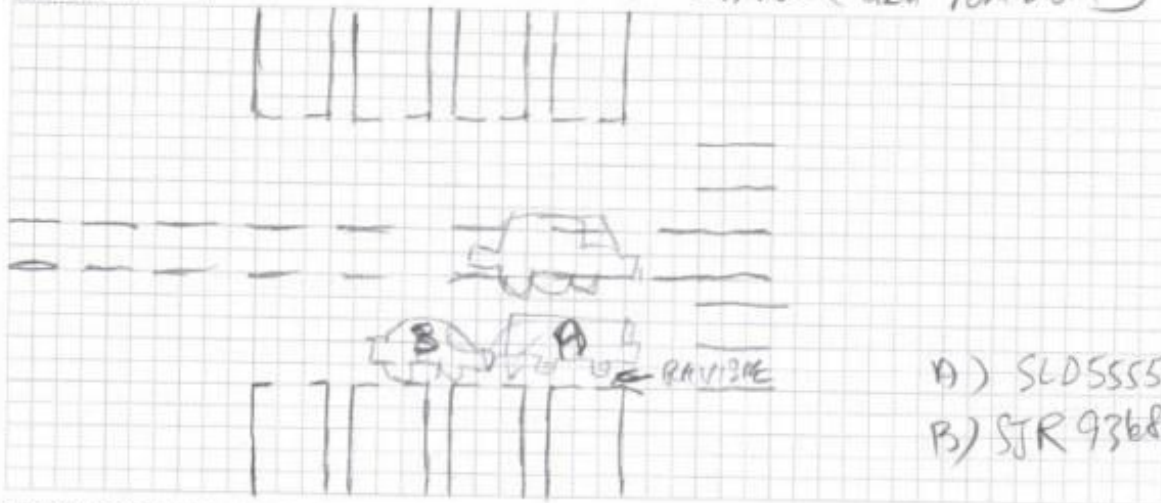
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

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

Sketch Plan #2

SKETCH PLAN

NEXUS INTERNATIONAL SCHOOL (ULU PANDAN)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was During my working routine to fetch my boss kid to school (NEXUS) one ~~one~~ ^{one} reached the school ~~that~~ ^{that} my boss kid wanted to rush to the toilet, so I alighted the kid and his granny. After alighting I drove towards the parking lot instant where is nearer to the staircase that my client always use as there are alot of cars alighting passengers near the middle staircase. I have put on my hazard ^{hazard} lights maybe 5-6 lots away from where I wanted to park. Upon reaching the lot I have slanted my vehicle as arriving and also to park right into the lot. There were also quite a few car on the left lane so I have to make sure the turning west hit any vehicle as I park upon reversing, I have checked all the mirrors and also the front part of the car. As I am about to turn in the lot I heard a horn sounded and the next moment I felt my vehicle was hit. I move my vehicle forward abit and alighted to check the back of my vehicle was scratched on the left side. The vehicle driver came down too and she said it was my fault that I never checked the back and kept telling me that she was at the back for good 1 ~~minute~~ st minutes and didn't expect me to reverse. After awhile of talking my client came out of the toilet and wanted to take his bag in the car, so I opened the side door for them and told the lady driver that I will get my car parked and we talk from there. So we exchanged details and more on. So far didn't get any news from her of what she wants to do to settled this issues.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 060318

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

GNANC Sketch Plan Form V3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

