

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 08/03/2018 13:28
 Date Of Accident 07/03/2018 17:40
 Exact Location Of Accident UPPER SERANGOON ROAD TWDS POTONG PASIR
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG6065T
 Insured/Policyholder
 Name Of Registered Owner TIMBER AUTO LEASING
 Co Reg No 53364757J
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96611623
 Alternative Phone No OFFICE-96611623
 Vehicle Particulars
 Manufacturer TOYOTA
 Model RUNX-1.5 (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 HIRE
 Insurance Company
 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5091994272
 Cover Note Number
 Driver
 Name of Driver HO CHIN NREN TERENCE
 NRIC No S9001562A
 Date Of Birth 11/01/1990
 Occupation OUTDOOR
 Date Of Driving Pass 24/06/2011
 Driving Experience 6 YEARS AND 8 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96611623
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address BLK349 HOUGANG AVE 7
#12-619
Postcode 530349
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIERE
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
Weather Conditions CLEAR
Road Surface DRY

Other Information

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: : UNKNOWN PASSENGER
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

AS PER SKETCH PLAN ATTACH.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLB5966C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SOH CHEE KEAT
NRIC/Passport Number S7706538E
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:



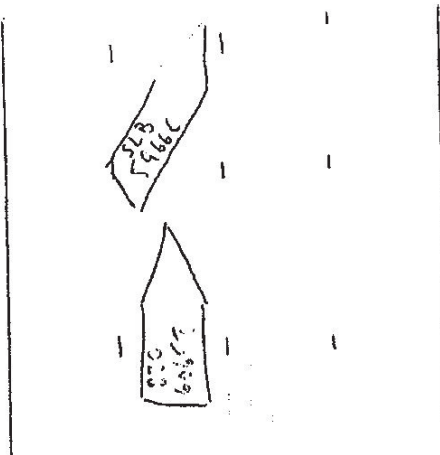
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

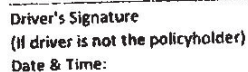
On 07/03/2018 at about 5.40pm SLB5966C tried to cut across B2 lanes as above, to cut into my lane and tried to cut into another lane on the right, but the van on the right did not give way to him, and he made an e-brake on my lane resulting in an accident as I did not have enough space and time to react.

DECLARATION

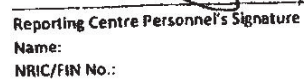
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature

Date & Time:


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




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

01/3/18

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9001562A



HO CHIN NREN, TERENCE
(HE JINREN)
何 晉 仁
CHINESE
Date of Birth: 11-01-1990 M
Place of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE
S9001562A

HO CHIN NREN, TERENCE
(HE JINREN)

Date of Birth: 11 Jan 1990
Valid Until: 24 Jun 2011

100197566011



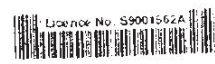
IDENTITY CARD NO. S9001562A

Date of issue: 25-01-2005

Address:
APT BLK 349 HOUGANG AVENUE 7
#12-619
SINGAPORE 430349

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E):

Class	Motor Cars < 5000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg	EFFECTIVE DATE
Class 1	Motor Cars < 5000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg	24 Jun 2011



NE 426A