

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	13/03/2018 11:25
Date Of Accident	12/03/2018 21:30
Exact Location Of Accident	SENGKANG WEST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH9353L
Insured/Policyholder	
Name Of Registered Owner	CRC EMPIRE
Co Reg No	53264608L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91657289
Alternative Phone No	OFFICE-87782392

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5094058997
Cover Note Number	

Driver

Name of Driver	TAY NGERN SIANG
NRIC No	S1505071C
Date Of Birth	18/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1988
Driving Experience	30 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91657289
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 453A #22-501 FERNVALE ROAD FERNVALE FLORA
Postcode	791453
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

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	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
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I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
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Number of Passengers (Including Driver)	2
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Passenger 1	NAME: : CHAU HEE JOON 91347639
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GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
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If Yes, Please state which Police Station

Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
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Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
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Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
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Was notice of intended Prosecution given?	NO
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If Yes, against whom?

Circumstances of Accident

A TAXI CROSSED INTO MY LANE AND KNOCKED INTO THE REAR RIGHT OF MY VEHICLE. (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment?	YES
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Was there any video captured by Car Camera?	NO
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Was there any audio recorded?	NO
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC772U
Vehicle Make/Model/Colour	HYUNDAI / YELOW CITY CAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	96517162
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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: **13 MAR 2018**

Driver's Signature
(If driver is not the policyholder)

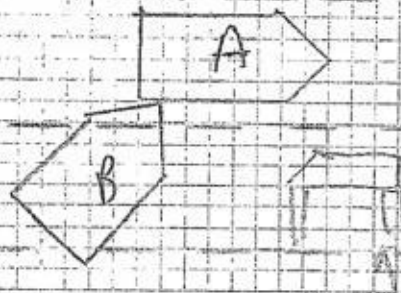
Date & Time: **13 MAR 2018**



Reporting Centre Personnel's Signature

Name: **NG WING KIN JAMES**
NRIC/FIN No.: **S7927881E**

SKETCH PLAN



Traffic Light
 A SJH 9353 L
 B SHC 772 V

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

construction work.

Refer
 Statement

DECLARATION

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



Policyholder's Signature
 Date & Time:

13 MAR 2018

Driver's Signature
 (If driver is not the policyholder)

Date & Time: 13 MAR 2018



Reporting Centre Personnel's Signature

Name:
 NRIC/FIN No.:

NG WING KIN JAMES
 S7927881E