#### 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 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.			
	ACCIDENT STATEMENT		
Date Of Report	13/03/2018 16:08		
Date Of Accident	05/03/2018 21:15		
Exact Location Of Accident	TAMPINES AVE 5 SLIP RD - TUAS		
Country/State of Loss	SINGAPORE		
0	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJL9594L		
Insured/Policyholder			
Name Of Registered Owner	KEN JIE CARS		
Co Reg No	53339206C		
Email Address	KENSONG23@GMAIL.COM		
Mobile Phone No			
Alternative Phone No	OFFICE-85806762		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	VIOS		
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	THIRD PARTY		
Fleet Policy	NO		
Policy Number	5091995537		
Cover Note Number			
Driver			
Name of Driver	LIM CHENG CHIAP		
NRIC No	S9007755D		

Date Of Birth 04/03/1990 Occupation OUTDOOR Date Of Driving Pass 29/05/2012

5 YEARS AND 9 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-90175270

Fax Number

Contact Number

KENSONG23@GMAIL.COM EMail Address

Address

BLK 110 YISHUN RING RD #01-377 S760110

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

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

REFER TO ATTACHED REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

NA

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJK2234C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NA

NRIC/Passport Number

Contact Number NA

Address NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGZ266E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NA

NRIC/Passport Number

Contact Number

NA

Address

NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 7. By the lodgment 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.
- 8. Consent under the Personal Data Protection Act (FDPA)

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 semiement 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, restements, involces, reports or notices to me, which could involve disclosure of certain personal data about me to bring about dalivery 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
- (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 Fersonal 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) Sor complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policy!)

Date & Time: 12/03/2018

Reporting Centre Personnel's Signature Name

WRIC/FIN No.:

SKETCH PLAN

C	В	A	
PIE (Tuas) along To down and halt Out of a sudden,	on 5/3/2018 at ampires Alence 5 who and I did the a loud bane from	Car  (ar  2115) enter sli  en car A (State  Some slowed  my rear fro	down and halt. m car C(SSK1239H)
car A (SGZ246E).	My vehicle inch	forward and	hit onto
DECLARATION  (/We declare the foregoing particular)	s are true in every respect.		nl
Policyholder's Signeture Date & Time:	Driver's Signature (if driver is not the policyholder) Date & Time: 13/03/2018 152-6	Reporting Cent Marne: NRIC/FIN No.:	re Personnel's Signature



































































