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 <u>truthful and accurate</u> 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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	20/03/2018 16:07		
Date Of Accident	19/03/2018 21:30		
Exact Location Of Accident	SLIP RD UPP PAYA LEBAR RD TWDS LOR AH SOO		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SDS765D		
Insured/Policyholder			
Name Of Registered Owner	TAN POH HNG CHRISTOPHER		
NRIC No	S0380716I		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-91726082		
Alternative Phone No	OFFICE-91726082		
Vehicle Particulars			
Manufacturer	SUZUKI		
Model	SX4 SEDAN 1.6 AT		
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE		
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	5065972746-03		
Cover Note Number			
Driver			

Name of Driver TAN POH HNG CHRISTOPHER

NRIC No S0380716I

Date Of Birth 19/08/1938

Occupation INDOOR

Date Of Driving Pass 11/04/1959

Driving Experience 58 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91726082

Fax Number

Contact Number OFFICE-91726082

EMail Address NOEMAIL

Address 2 SIGLAP RISE

Postcode 455963

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 SIDE SWIPE
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?

Was any other material or property damaged? YES I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

2

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

ON STATED DATE AND TIME,I WAS TRAVELLING ALONG SLIP RD UPPER PAYA LEBAR RD TWDS LOR AH SOO. VEHICLE B WAS AT THE SIDE OF MY VEHICLE AND TRYING CUT ONTO MY LANE. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

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 SFA6389M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TEO TAT MENG

NRIC/Passport Number S1237230B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Accident Sketch Plan

SKETCH PLAN

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
- 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 liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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 (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:
 - 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:
 - 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 Person

s Signature

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN		
lor	Ah Soo	
		A : 5057650
		B1 1FA 6389 M
		0-194034 (10)
- AS		
(Block		
1	14	
	To Jacob	
	15	
	1 12	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Refer to statemen	d	
redu to andemen		
	-)	/
	/	
ECLARATION		
	culars are true in every respect.	
W-011/4		
47-1		HTM.
olicyholder's Signature	Driver's Signature	Reporting Centre Person rel's Signature
ate & Time:	(If driver is not the policyho Date & Time:	older) Name: NRIC/FIN No.:

Common Statement

Incident at Hougang between Mercedes SFA 6389 Mand my Suzini 5 D5 765 D on Manday 19/03/2018 at + 9.30pm After dinner at Kovan "Hearthand Mall, my wife and myself left for home via Lotong Ah Soo Hougang Ave 1, 3. 1 was moving slowly towards the right side of the road, when a dark coloured car on my left without any warning push his way. of my car I drove ahead a little so as not to cost a traffic jain He stopped his can alread of me. He showed me his car right front mud-grand lappach I tried to reason with him, but he refused andid with and said that his car was brondnew and that since soft fine I was in the wrong the will send his car to his Mercedes Agent and bill ment I wented to make a It was then that I decided to exchange drivers that I wish particulars and report to our Insurance Co respectively. We took photos of our 1/c both front and Back, I suspect he was trying his luck Driver of Mercedes SFA 6389M Mu Teo Tat Mong 1/c No. 5.123 \$ 230 B. Driver of Suzuri SDS. 7650 Christopher Tan P.H 1/c No S 0380716I P/SBI did not mention. carlier that there was a 1-7.44 lady ut the priseger seat 20/03/2018 of his con 4.15 am. *(11) I forget to mention that he colled me quote Unde with yours years of expenence was trying to reason with him that time that I













