

## 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	19/03/2018 11:33
Date Of Accident	16/03/2018 12:45
Exact Location Of Accident	JOHOR CAUSEWAY TOWARDS MALAYSIA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1884X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHITRA D/O SAHADEVAN
NRIC No	S9112976J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96854187
Alternative Phone No	OFFICE-88888888

### Vehicle Particulars

Manufacturer	SUBARU
Model	LEGACY-2.0I SEDAN (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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097505153
Cover Note Number	

### Driver

Name of Driver	KOH WEE SHANG WILSON
NRIC No	S9704793F
Date Of Birth	05/02/1997
Occupation	INDOOR
Date Of Driving Pass	11/08/2016
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91460685
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 544 ANG MO KIO AVE 10  
#02-2290  
Postcode 560544  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured RELATIVE  
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 - 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  
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  
Number of Passengers (Including Driver) 2  
Passenger 1 NAME: : INIGA MAR CONSIGLIERE  
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 16/03/2018 AT ABOUT 1245HRS AT ALONG JOHOR CAUSEWAY TOWARDS MALAYSIA, I WAS TRAVELLING ON THE EXTREME LEFT LANE AFTER CLEARING THE SINGAPORE CUSTOM AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC HENCE I FOLLOW SUIT. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SKX1884C (B) SKN4726J

#### 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 SKN4726J  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**

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4. The issue and acceptance of this form by insurance companies does not constitute an admission of liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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.
7. By the lodgment of this report to the Insurers, you hereby consent to the storing of this report in the centre and to copies of the report being made available accordingly.
8. Consent under the Personal Data Protection Act (PDPA)
  - a. I understand, acknowledge, agree and consent that:
    - (i) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 purposes) of:
      - (i) processing, handling and/or dealing with my claims including the settlement of the claim, and any necessary investigation relating to the claim;
      - (ii) investigating the accident and/or my claim;
      - (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 regulatory or administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
    - (ii) All Insurers who have insured vehicle(s) involved in the accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for the purpose of the same as stated in (i);
    - (iii) my Personal Information may be disclosed by any of the Insurers and/or their third party service providers or agents (including lawyers/law firms) which may involve a third party of Singapore, for one or more of the above purposes;
    - (iv) my Personal Information may be collected and used by any of the Insurers and/or their third party service providers, agents, lawyers/law firms, government or non-governmental organisations and future claims;
    - (v) I agree to allow my personal data to be shared with my insurer(s) for purposes:
      - (i) to all handling and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulations, law enforcement and government agencies reasonably required for the purposes stated, or
      - (ii) for complying with requirements under any regulations, laws or court orders;

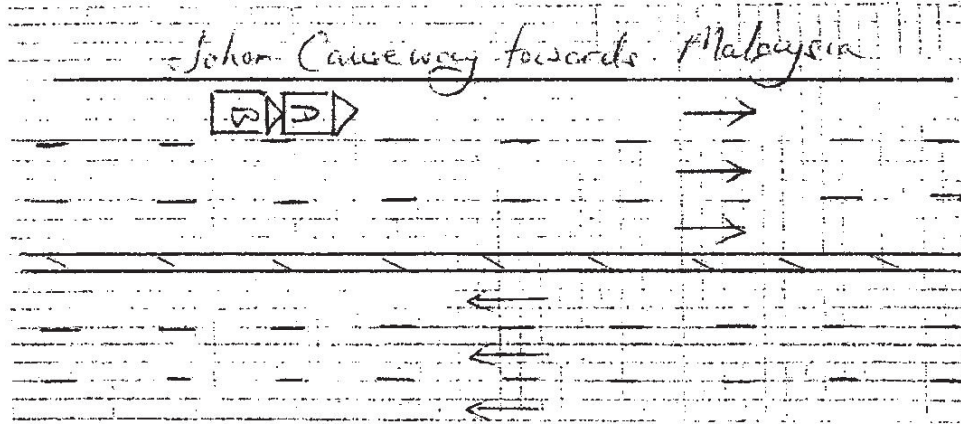
Policyholder's signature  
Date & Time:

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 16/03/2018 at about 12.15 hrs at along Johor Causeway towards Malaysia. I was travelling on the extreme left lane after clearing the Singapore Custom and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SKX 1884 C

(B) SKN 4726-J

## DECLARATION

We declare the above as particular and true information.

Police Officer's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
N/A REF NO: