

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	23/03/2018 09:52
Date Of Accident	22/03/2018 16:30
Exact Location Of Accident	TOH YI DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU7371S
Insured/Policyholder	
Name Of Registered Owner	NGUYEN THI HOE
Passport No/FIN	B8594261
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96274670
Alternative Phone No	OFFICE-96274670

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 (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	5082647993-01 (PREMIUM)
Cover Note Number	

Driver

Name of Driver	KUAR HOCK CHEING
NRIC No	S2512839G
Date Of Birth	01/06/1946
Occupation	OUTDOOR
Date Of Driving Pass	04/02/1983
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96274670
Fax Number	
Contact Number	OFFICE-96274670
E-Mail Address	NOEMAIL

Address 17 TOH YI DRIVE
#12-73

Postcode S590017

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - DRIVER

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

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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4689999 - FAX NO: 64623782

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED SKETCH PLAN. ATTENDED BY : SUSAN

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 SBZ1333Y

Vehicle Make/Model/Colour BMW

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MAK YIN HENG

NRIC/Passport Number S1142143A

Contact Number

Address 9277 2400

Postcode AXIA

Insurance Company Name

Nature Of Damage

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:



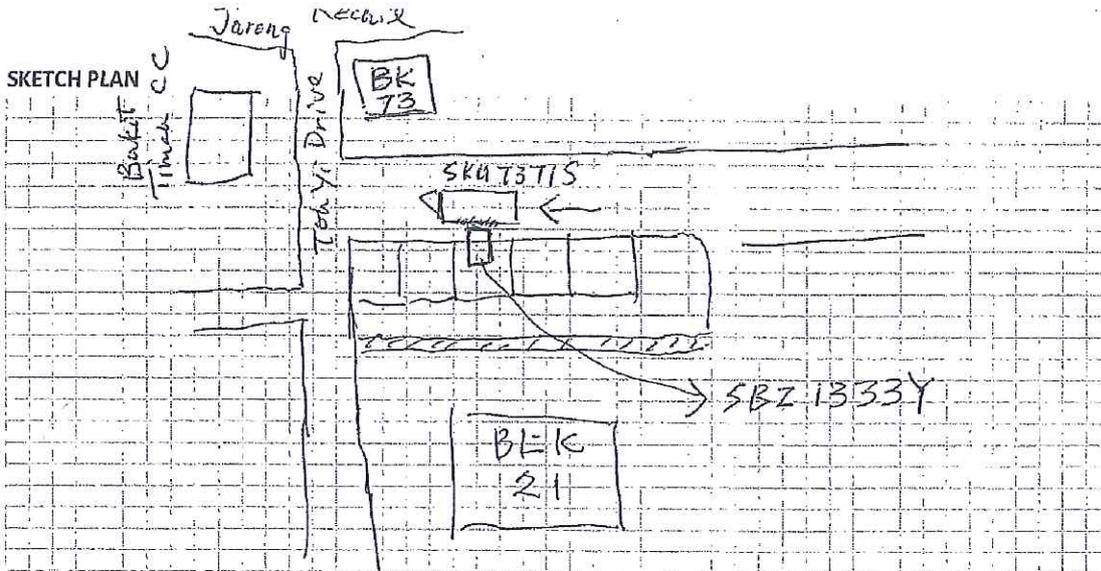
Driver's Signature
(If driver is not the policyholder)
Date & Time:

23 MAR 2018

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

22/3/18, 5:30 pm
 My car SKU 7371S is driving at Teh Yi Service Rd, a car SBZ 1333Y driven by Ms Mak Yin Heng, drive out from the park lot, without looking, stepping, knock at my car left hand side as shown in the map above.

DECLARATION

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

23 MAR 2018

[Signature]

[Signature]

[Signature]

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok Street 23
 Singapore 659545
 Tel: 6560 3312 Fax: 6569 0722
 Email: vacbb@singnet.com.sg

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.: