

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 17:45
Date Of Accident	18/03/2018 14:10
Exact Location Of Accident	Ngee Ann City Shopping Centre Drop-off Point
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4997R
Insured/Policyholder	
Name Of Registered Owner	EDWIN YEO
Co Reg No	53364148M
Email Address	EDWINEYOYONGXIANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81287546
Alternative Phone No	OFFICE-81287546

Vehicle Particulars

Manufacturer	OPEL
Model	MOKKA X-1.6 CDTI 6AT (LED) (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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092465190
Cover Note Number	

Driver

Name of Driver	EDWIN YEO YONG XIANG
NRIC No	S9326545I
Date Of Birth	20/07/1993
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81287546
Fax Number	
Contact Number	
Email Address	EDWINEYOYONGXIANG@HOTMAIL.COM

Address	BLK. 108 WOODLANDS ST. 13 #13-160
Postcode	730108
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 18 MARCH 2018, I WAS DROPPING OFF TWO PASSANGERS AT NGEE ANN CITY DROP-OFF POINT. WHEN I WAS TURNING INTO THE DROP OFF POINT AT NGEE ANN CITY AROUND 2.10PM AND DRIVER DRIVING SLK2920G DRIVE THRU A SMALL LANE MERGE INTO NGEE ANN CITY DROP-OFF POINT CHICH HE FAIL TO STOP AT THE STOPLINE AND TRY TO CUT IN FRONT OF ME INTO THE MIDDLE LANE, WHICH CAUSE DAMAGE ON THE FRONT LEFT HAND SIDE OF MY CAR SLQ4997R.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK2920G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	NG TECK WAH
NRIC/Passport Number	S1721101C
Contact Number	93803654
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

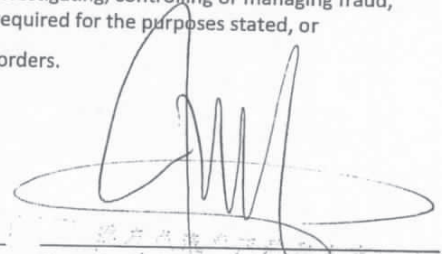
I understand, acknowledge, agree and consent that:

- (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.

EDWIN YEO
Co Reg No: 53364148M

Policyholder's Signature
Date & Time:

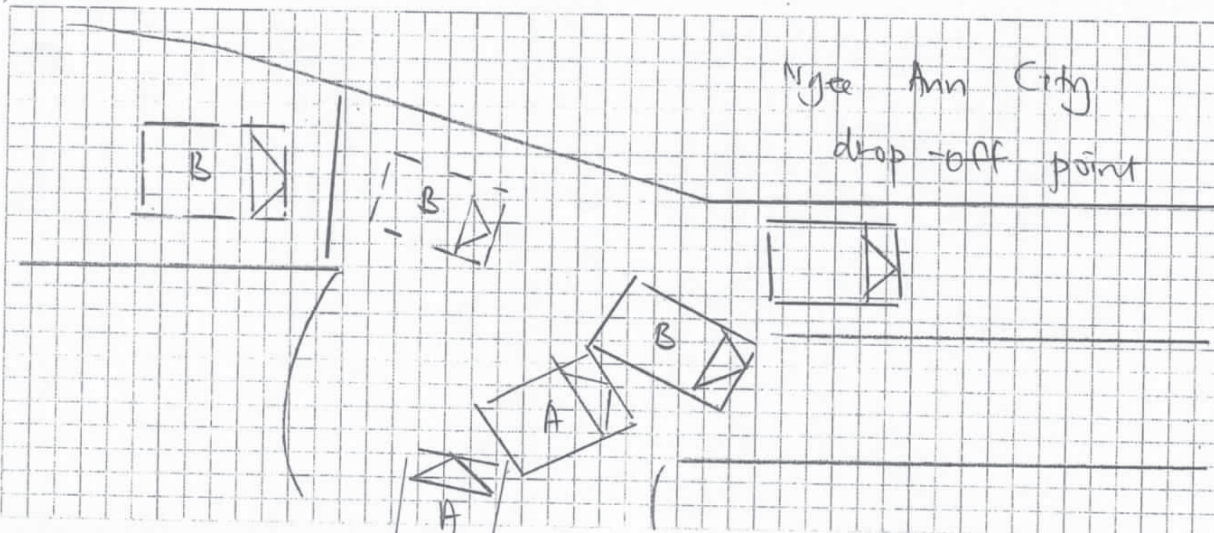

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: **Tee Wee Sin**
NRIC/FIN No.: **S8460307D**

SKETCH PLAN

A - SLQ4997R

B - SLK2920G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18 March 2018, I was dropping off two passengers at Ngee Ann City drop-off point. When I was turning into the drop off point at Ngee Ann City around 2:10 pm and driver driving SLK 2920G drive thru a small lane merge into Ngee Ann City drop-off point which he fail to stop at the stop line and try to cut in front of me into the middle lane, which cause damage on the front left-hand side of my car SLQ4997R.

DECLARATION

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

EDWIN YEO
Co Reg No: 53364148M

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Tan Wee Sin*
NRIC/FIN No.: *SPV60307D*