#### 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.

<ol><li>By the lodgement of this report to the insurers, yo aforesaid.</li></ol>	u hereby consent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	02/04/2018 10:18		
Date Of Accident	01/04/2018 13:10		
Exact Location Of Accident	JALAN BUKIT CHAGAR MALAYSIA (BEHIND PETRONAS)		
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKC7298R		
Insured/Policyholder			
Name Of Registered Owner	DONOVAN TEE KIM LENG		
NRIC No	S8858424D		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-90553921		
Alternative Phone No	OFFICE-90553921		

**Vehicle Particulars** 

**VOLKSWAGEN** Manufacturer Model SCIROCCO-1.4 (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?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

**Insurance Company** 

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 5072858153-02 (CLASSIC)

Cover Note Number

**Driver** 

Name of Driver DONOVAN TEE KIM LENG

NRIC No S8858424D Date Of Birth 26/05/1988 Occupation INDOOR **Date Of Driving Pass** 06/06/2015

**Driving Experience** 2 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90553921

Fax Number

OFFICE-90553921 Contact Number

**EMail Address NOEMAIL**  Address 208 PETIR ROAD

#12-515

Postcode S670208

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

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Insurance Company of Driver's Own Vehicle

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**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?

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) 2

Passenger 1

NAME: : -

NO

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

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? YES

Remarks/ Reasons: SENT TO INSURANCE

Was there any audio recorded?

**Details of Witness 1** 

Name HOH SIOK MING

Phone Number 82225937

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKK8178E

Vehicle Make/Model/Colour PEUGEOT

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver ZHANG LIANSHENG JOSEPH

NRIC/Passport Number S8824651I Contact Number 81121487 Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **SKETCH PLAN**

### **IMPORTANT NOTICE**

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- 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.
- 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 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.
- 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: 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

SKETCH PLAN				
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### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

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As I was doning along Jalan Bukit Chagar in JB  just behind petronas, suddenly a black car SKK SIFSE  suddenly cut and side Swipe the car I was during  in the then proceed to reverse and continue timard  in fruit of my car.
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## DECLARATION

 $\ensuremath{\text{I/We}}$  declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

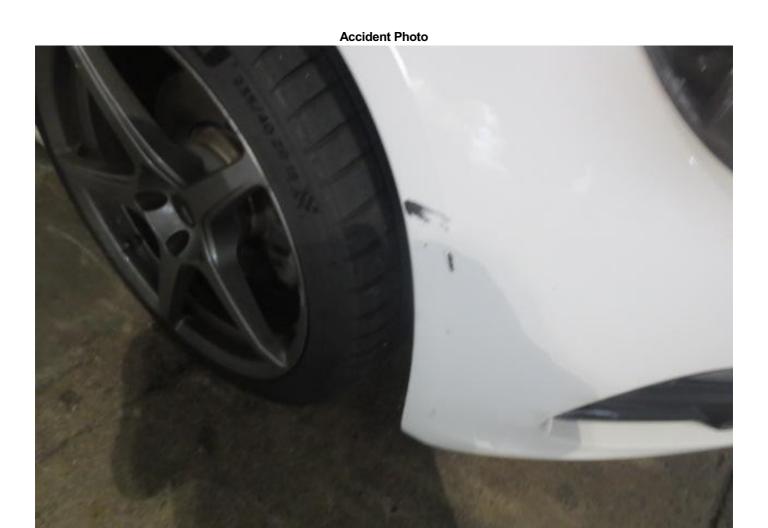


Driver's Signature (If driver is not the policyholder) Date & Time: IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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

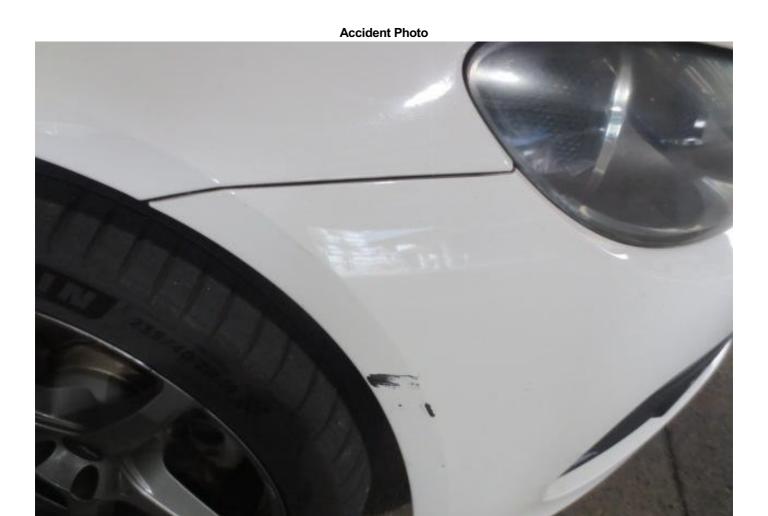
# **Accident Photo**











# **Accident Photo**



# **Accident Photo**

