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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	11/04/2018 12:19
Date Of Accident	10/04/2018 10:10
Exact Location Of Accident	CANTONMENT ROAD AFTER PINNACLE @ DUXTON EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FU3543Z
Insured/Policyholder	
Name Of Registered Owner	CHEE KENG SENG (XU QINGCHENG)
NRIC No	S7616701Z
Email Address	KS76CHEE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90063011
Alternative Phone No	OTHERS-90063011
Vehicle Particulars	
Manufacturer	HONDA
Model	PHANTOM-197CC TA200
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5033924707-09
Cover Note Number	
Driver	
Name of Driver	CHEE KENG SENG (XII OINGCHENG)

Name of Driver CHEE KENG SENG (XU QINGCHENG)

NRIC No S7616701Z

Date Of Birth 14/06/1976

Occupation INDOOR

Date Of Driving Pass 23/08/2006

Driving Experience 11 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90063011

Fax Number

Contact Number OTHERS-90063011

EMail Address KS76CHEE@YAHOO.COM

BLK 1C CANTONMENT ROAD Address

#46-31 085301

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

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 NO ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

Details of Police Action

NO 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 REFER TO SKETCH PLAN

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 SGZ6299X Vehicle Make/Model/Colour SUZUKI VITARA

Details Of Properties

Vehicle Category PRIVATE CAR

ENG SOH KONG AMBROSE Name of Driver

S1508299B NRIC/Passport Number **Contact Number** 94886200

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 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)
 - 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: // ton - 2c

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pessonn

NRIC/FIN No.:

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Accident Sketch Plan

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000			B) 592629
DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	udon	
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