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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	11/04/2018 12:45
Date Of Accident	04/04/2018 13:30
Exact Location Of Accident	ALONG CORONATION ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX5124J
Insured/Policyholder	
Name Of Registered Owner	ANG KIAT TECK
NRIC No	S0304820I
Email Address	FLORENCEANGLH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97931516
Alternative Phone No	OTHERS-90931262
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	FETCH CHILDREN FROM SCHOOL
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071535213-02
Cover Note Number	
Driver	
Name of Driver	NG LAI HUNG

Name of Driver

NG LAI HUNG

NRIC No

S0379209I

Date Of Birth

13/11/1940

Occupation

INDOOR

Date Of Driving Pass

18/02/1961

Driving Experience 57 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-97931516

Fax Number

Contact Number OTHERS-90931262

EMail Address FLORENCEANGLH@GMAIL.COM

Address BLK 26 GHIM MOH LINK

#22-244

Postcode 270026

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 2
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.

Number of Passengers (Including Driver)

Passenger 1 NAME: : GRAND DAUGHTER

3

GENDER: : FEMALE

Passenger 2 NAME: : HELPER

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ALEXANDRA NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 46-2 COMMONWEALTH DR, POSTCODE: 140462,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-4739999 - **FAX NO**: 64713569

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 SKF2722A
Vehicle Make/Model/Colour TOYOTA

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

SKETCH PLAN

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- 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:

- 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)
 - (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
- 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:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Sketch Plan #2

	01-1	00	Park
	ALONG	CORONATION	KOAD
	> [B	\rightarrow
		TA	
A) SGX 513	143		
B) SKF 27			
CRIBE CIRCUMSTA		IDENT	
My mirro I absers d Iriva wa	or wer apo the other co	it but no en	eel but drove to me the . njury to me & my panders also damage but to
LARATION			
CLARATION e declare the foregoing	particulars are true	in every respect.	
	particulars are true	in every respect.	m /11/04/20

Annex D

NOTICE OF REPORTING

This is to confirm thatMdm Ng Lai Hung, S0379209I
reported to the Police a non-injury traffic accident which occurred at
Coronation Road towards Nanyang Primary School junction
Kingmeads Road involving the following vehicles:
SGX 5124J and SKF 2722A
2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.
Rank/Name of Issuing Officer: S/S/SGT 1783 Lim Kim Huat
Date: 05/04/2018 _ Time: 1310 hrs
S/D Ref:16
Police Post/Unit : Alexandra NPP
Original - to be issued to informant



























