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

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	ACCIDENT STATEMENT
Date Of Report	14/04/2018 10:40
Date Of Accident	13/04/2018 14:35
Exact Location Of Accident	NICHOLL H/WAY TWDS GUILLEMARD RD B4 MIDDLE RD JUNC
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH4706L
Insured/Policyholder	
Name Of Registered Owner	LIU YICHEN
NRIC No	S8681251G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96202780
Alternative Phone No	OTHERS-96202780
Vehicle Particulars	
Manufacturer	AUDI
Model	A4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5087169681-01
Cover Note Number	
Driver	
Name of Driver	ZHAO TONG
NRIC No	S8779698A

Name of Driver ZHAO TON
NRIC No S8779698A
Date Of Birth 12/04/1987
Occupation INDOOR
Date Of Driving Pass 25/05/2015

Driving Experience 2 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98347876

Fax Number

Contact Number

EMail Address NOEMAIL

Address 127 COMPASSVALE BOW

#17-33 ESPARINA RESIDENCES

Postcode 544821

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

insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions AFTER RAIN

Road Surface WET

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

YES

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? YES

was there any video captured by Car Camera:

WITH WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDB1238S

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

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)

DETAILS OF INJURED PERSON 1

ZHAO TONG Name

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle? SLH4706L Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address Postcode

Accident 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)

Lunderstand, 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.
- (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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Individual Statement

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I WAS DRIVING ALONG MICROLL MICHINARY TOWARDS GUILLEM ROOD DIRECTION I WAS ON THE SECOND LANG. WHILE DRIVING STARIGHT MICROL TO COMPLETE STOP, SWOTH TO COMPLETE STOPPED, PHO SO I TWO GAPLIED GRAPE TO COMPLETE STOP, SWOTH APPLE A FEW SECONDS I PEUT A GREAT IMPACT FROM THE ELAR OF MY VENICUE. AND 30 I SUICHTED FROM MY VEHICUE AND REQUIRED A VEMICUE BEARING (SOB 1238 S) TRAY COLLIDED TO THE REPORCE A - SUM 4706 L VENICUE A - SUM 4706 L VENICUE A - SUM 4706 L VENICUE A - SUM 4706 L					
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT I WAS DRIVING ALONG MICROSE MICHINARY TOWARDS GUILLEM ROOD DIRECTION I WAS ON THE SECOND LAME. WHILE DRIVING STREAGHT AMEND A VEHICLE INDRINGT OF TO COMPLETE STOPPED. PHID SO I TWO REPCISE GRAPE TO COMPRETE STOP, SINDI APPELLA A FREW SECONDS I PRUT A GREAT IMPACT FROM THE REAR OF MY VEHICLE. AND SO I RECTION (SDB 12385) THAT COLLIDSO TO THE REAR OF MY VEHICLE WHEN I'M STREAGHAND POSITION USENICUE BEARING (SDB 12385) THAT COLLIDSO TO THE REAR OF MY VEHICLE WHEN I'M STREAGHAND POSITION USENICUE B - SPB 12385	KETCH PLAN				
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