#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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	02/04/2018 10:11	
Date Of Accident	31/03/2018 12:00	
Exact Location Of Accident	BUKIT TIMAH RD / STEVEN RD	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGR8801A	
Insured/Policyholder		
Name Of Registered Owner	BRANDON LEE LONG KENG	
NRIC No	S7506136F	
Email Address	BOSS_55@YAHOO.COM	
Mobile Phone No	(LOCAL) +65-91115026	
Alternative Phone No	OTHERS-97432064	
Vehicle Particulars		
Manufacturer	HONDA	
Model	JAZZ-1.4 (A)	
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	5094584714	
Cover Note Number	27/09/2017 - 26/09/2018	
Driver		
Name of Driver	LEE SANG TONG	
NRIC No	S0310118E	
Date Of Birth	05/10/1941	
Occupation	INDOOR	
Date Of Driving Pass	12/03/1959	
Driving Experience	59 YEARS AND 0 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97432064	
Fax Number		

**NOEMAIL** 

Address BLK 2 QUEEN'S ROAD #12-183

Postcode 26000

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

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? NO

Was any other material or property damaged? YES

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

NO 5

Number of Passengers (Including Driver)

Passenger 1

NAME: : YEO YONG CHIN

GENDER: : FEMALE

Passenger 2 NAME: : SOPHIE LEE

GENDER: : FEMALE

Passenger 3 NAME: : ARISTIA

GENDER: : FEMALE

Passenger 4 NAME: : REMA

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**

MY VEHICLE WAS TRAVELLING ALONG THE CENTRE LANE OF BUKIT TIMAH ROAD, TURNING RIGHT ONTO STEVEN RD. UPON THE GREEN TRAFFIC LIGHT, I PROCEED STRAIGHT AND MADE A RIGHT TURN ALONG THE BEND. AS I WAS TURNING RIGHT, I FELT AN IMPACT ON MY FRONT LEFT PORTION. VEHICLE B SPED FORWARD ON THE LEFT LANE, TURNING AT A FAST SPEED AND CUT ONTO MY ONGOING PATH, THUS HIT ONTO MY FRONT LEFT PORTION. NO ONE WAS INJURED.

#### 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 SLN8203M

Vehicle Make/Model/Colour MERCEDES BENZ

**Details Of Properties REAR RIGHT PORTION** 

Vehicle Category PRIVATE CAR

MUHAMED AZLAN BIN KAMARUDIN Name of Driver

NRIC/Passport Number S8600702I 97102843 **Contact Number** 

BLK 802C KEAT HONG CLOSE #13-73 Address

683802

Postcode

AXA INSURANCE PTE LTD Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan Pg. 1					
NTUC Income Motor Service Centre 3   3   8   Vehicle No: SGR 8 & A   Report Date: 4/2/2018   Start Time: 10:35 AM   Make / Model: H JUTT   Reporting Type: TP   End Time:/					
SKETCH PLAN IMPORTANT NOTICE					
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.					
<ol> <li>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 liability.</li> </ol>					
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. 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 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.					
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 w ith 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					

(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 reasonable required for the purposes stated, or

(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.

(ii) for complying with requirements under any regulations, law or court orders.

Date & Time:

4/2/2018 10:34

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

4/2/2018 10:34

Policyholder's Signature Date & Time: Reporting Centre Personnel's Signature Name: Chen JunLiang NRIC/Fin/No: \$990765

#### Sketch Plan Pg. 2

SKETCH PLAN				
B			<u>t</u>	
BUKIT TIMAH RD / STEVEN RD				
Vehicle A: SGR8801A	Vehicle B: SLN8203M			
DESCRIBE CIRCUMSTANCES C	OF THE ACCIDENT			
MY VEHICLE WAS TRAVELLI STEVEN RD. UPON THE GREE BEND. AS I WAS TURNING RIG	NG ALONG THE CENTRE LA N TRAFFIC LIGHT ,I PROCE GHT, I FELT AN IMPACT ON G AT A FAST SPEED AND CU	ED STRAIGHT AND MA MY FRONT LEFT PORT	OAD, TURNING RIGHT ONTO DE A RIGHT TURN ALONG THE ION. VEHICLE B SPED FORWARD PATH, THUS HIT ONTO MY FRONT	
DECLARATION				
I/We declare the foregoing particulars are 4/2/2018 10:34  Policyholder's Signature Date & Time:	true in every respect.  A John John Driver's Signature (It driver is Date & Time:	00 tije policyholder)	Reporting Centre Personnel's Signature Name: Chen JunLiang	

























