

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 withholding 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.

ACCIDENT STATEMENT

Date Of Report	02/05/2018 15:23
Date Of Accident	02/05/2018 09:40
Exact Location Of Accident	FOCH RD ROADSIDE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ7002C
Insured/Policyholder	
Name Of Registered Owner	E 1 ASIA HOLDINGS PTE. LTD
Co Reg No	200904462M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96524664
Alternative Phone No	OFFICE-96524664

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073441492-02 (DRIVO CLASSIC)
Cover Note Number	

Driver

Name of Driver	LEE YOCK HOW
NRIC No	S1127826D
Date Of Birth	02/05/1955
Occupation	OUTDOOR
Date Of Driving Pass	03/02/1977
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96524664
Fax Number	
Contact Number	OTHERS-96524664
Email Address	MELVIN@E1ASIA.COM.SG

Address	BLK 26 CHAI CHEE RD #07-407
Postcode	460026
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	UNABLE TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG8568Y
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JHA BIKASH
NRIC/Passport Number	S8685720J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

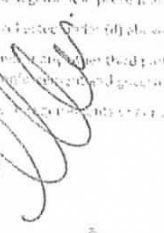
DISCLAIMER NOTICE


1. The report is generally the work of the insured to speed up the claims process.
2. The report must be completed by the Police holder and/or the Authorised Driver.
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation or concealment of facts may allow insurance companies to repudiate policy liability.
4. The above and acceptance of this form by insurance companies is not an admission of liability on the part of the insured or any parties.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Family Management Centre established by the General Insurance Association of Singapore (GIA) for and using and that copies of this report will for a fee be made available upon request by interested parties.
7. By the forwarding of this report to the insurers, you hereby consent to the archiving of this report at the secretariat 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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the General Insurance Association of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
 - (i) processing, handling and/or dealing with my claims, including the settlement of the claims and any related matters; and/or
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (b) In addition to my claims (including the mailing of correspondence, statements, evidence reports or materials to my workshop) involving disclosure of certain personal data about me to bring about delivery of the same as well as to the external cover of envelopes/mail packages; and/or
- (c) complying with applicable law in administering, processing, handling and/or dealing with my claims (for the purpose of "Purpose(s)").
- (d) The Insurers who have insured vehicle(s) involved in the accident and the Insurers' lawyers/claim adjusters are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and
- (e) my Personal Information may also be disclosed by any of the Insurers and/or their third parties to their third parties who are not insurers (including their lawyers/claim adjusters) who may be involved in the investigation of the accident and/or my claims; and
- (f) my Personal Information will also be collected and used to manage claims history for the purpose of fraud detection, investigation and management in present and all future claims.

I, the undersigned, hereby declare that the above information is true and correct to the best of my knowledge and belief.









02 MAY 2019

OUTLINE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle stationary in lot, vehicle SLG 8568Y cut into my front and hit onto my front Right area.

I got car video to prove.



02 MAY 2019

