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	12/05/2018 12:35			
Date Of Accident	11/05/2018 19:45			
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 6 /AVE 5			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SJY2671A			
Insured/Policyholder				
Name Of Registered Owner	JD LIMO			
Co Reg No	53337028X			
Email Address	DAMIENTNG1975@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-91685123			
Alternative Phone No	OFFICE-91685123			
Vehicle Particulars				
Manufacturer	HONDA			
Model	CIVIC-1.8 L (A)			
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD			
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	5080470001-01			
Cover Note Number				
Driver				
Name of Driver	TNG TONG SOON			

 NRIC No
 \$7526229I

 Date Of Birth
 01/09/1975

 Occupation
 OUTDOOR

 Date Of Driving Pass
 21/01/2004

Driving Experience 14 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91685123

Fax Number

Contact Number

EMail Address DAMIENTNG1975@GMAIL.COM

Address BLK 622C PUNGGOL CENTRAL #17-288

Postcode 823622

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

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Insurance Company of Driver's Own Vehicle

-

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

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) 2

Passenger 1

NAME: : Y. Y. LEE

GENDER: : FEMALE

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

I WAS STATIONARY AT THE TRAFFIC LIGHT JUNCTION OF ANG MO KIO AVE 6 TWDS AVE 5, WAITING FOR TRAFFIC LIGHT TO TURN GREEN. WITH A FEMALE PASSENGER, MS Y.Y.LEE, HP:81005803 IN THE REAR SEAT. SUDDENLY, A VEHICLE B, SLG1688E CANNOT STOPPED IN TIME AS IT WAS RAINING, COLLIDED TO MY REAR PORTION OF MY VEHICLE CAUSING DAMAGE. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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 Witness 1

Name Y.Y.LEE
Phone Number 81005803

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLG1688E

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver ROLAND GOH YONG GUAN

NRIC/Passport Number S7630568D

Contact Number 96890588

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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 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:
 - (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 Pg. 2

SKETCH PLAN

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	40000000000000000000000000000000000000		
	Conconnece	Commission	
	A		
A: SJY2671A	BITI		
B:SLG 1688 E	Ana W	o Kio Ave 6	
	0,,-0	- mo me 6	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the traffic light Junction of Ang Mo
Kio Ave 6 tods Ave 5 waiting for the traffic light to tum
green, with a female passenger, Mr Y.Y. Lee, HP: 81005803 in
the seat. Suddenly, a vehicle B, SLG 1688E cannot stopped
in time as it was raining, collided to my rear portion
The state of the s
of my vehicle causing damage. Nobody was injured at
the time of accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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Date & Dime!

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



























