

## 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	14/05/2018 16:52
Date Of Accident	10/05/2018 10:15
Exact Location Of Accident	SLE TOWARDS BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7438L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM GEK WEE
NRIC No	S7626319A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97677721
Alternative Phone No	OTHERS-97677721

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	5086598866-01
Cover Note Number	10/01/2018 - 09/01/2019

### Driver

Name of Driver	WENDY NG PUAY JOO (WENDY HUANG PEIRU)
NRIC No	S7611970H
Date Of Birth	26/04/1976
Occupation	INDOOR
Date Of Driving Pass	28/08/1999
Driving Experience	18 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97898454
Fax Number	
Contact Number	
Email Address	NEWDYME@HOTMAIL.COM

Address	BLK 413B FERNVALE LINK #08-47
Postcode	792413
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : KELLY LIM 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 SLOW DOWN TO GIVE WAY TO UNKNOWN TAXI AND GRADUALLY STOP AS TAXI INFRONT APPLY BRAKE TO STOP. NEXT MOMENT, AN IMPACT CAME FROM BEHIND. MOTOR CAR SLJ2854U CAME FROM BEHIND AND HIT ONTO MY VEHICLE REAR PORTION. NO ONE WAS INJURED. (I WISH TO STATE THAT I WAS LATE FOR REPORTING BECAUSE DRIVER OF SLJ2854U HAD INITIALLY ASKED FOR PRIVATE SETTLEMENT BUT DUE TO REPAIR COST OVER HIS BUDGET, HE ASKED ME TO PROCEED TO FILE A CLAIM AGAINST HIS POLICY ON SAT AND AS MOST OF THE REPORTING CENTRE WAS CLOSED THUS I AM ONLY ABLE TO FILE AN ACCIDENT REPORT ON TODAY. THAT'S ALL.)

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ2854U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	AH CHYE
NRIC/Passport Number	
Contact Number	87421639
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SJR7438L  
INSURER : NTUC  
DATE & TIME: 14/05/2018 @ 1015

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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.

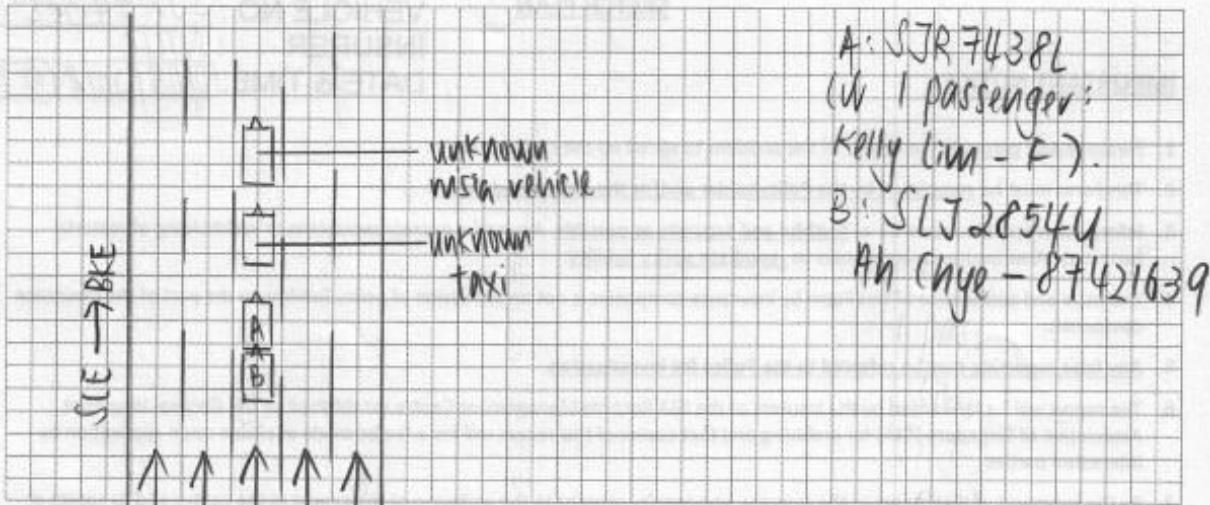
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/5/18

Reporting Centre Personnel's Signature  
Name: Donny (AMK)  
NRIC/FIN No.: 14/05/18

## Sketch Plan #2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Vehicle No: SJR 7438L (N7UC)  
Date & Time: 10/05/2018 @ 10:15 (clear day)

I slow down to give way to unknown taxi and gradually stop a taxi in front apply brake to stop. Next moment, an impact came from behind. Motor car SLJ 2854U came from behind and hit onto my vehicle rear portion. No one was injured.

(I wish to state that I was late for reporting because driver of SLJ 2854U had initially asked for private settlement but due to repair cost over his budget, he asked me to proceed to file a claim against his policy on Sat and as most of the reporting centre was closed thus I am only able to file an accident report on today. That's all).

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: \_\_\_\_\_

Reporting Centre Personnel's Signature  
Name: (AMK)  
NRIC/FIN No:

GIARMC SketchPlanForm\_V3 ( ) Claim Own Policy (x) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )