

## 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 16:12
Date Of Accident	01/05/2018 17:50
Exact Location Of Accident	LORONG K TELOK KURUA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3482L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG SIOK HOON
NRIC No	S1559721F
Email Address	2YEOSM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98197069
Alternative Phone No	HOME-64404221

### Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5099069276
Cover Note Number	

### Driver

Name of Driver	NG SIOK HOON
NRIC No	S1559721F
Date Of Birth	24/04/1962
Occupation	INDOOR
Date Of Driving Pass	27/08/1981
Driving Experience	36 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98197069
Fax Number	
Contact Number	HOME-64404221
Email Address	2YEOSM@GMAIL.COM

Address 73 JOO CHIAT AVENUE  
Postcode 428181  
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 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? 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

SEE ATTACHED SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA9759K  
Vehicle Make/Model/Colour HYUNDAI  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver ANG BENG WOON  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## 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:

2/5/18  
5pm

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

2/5/18  
5pm

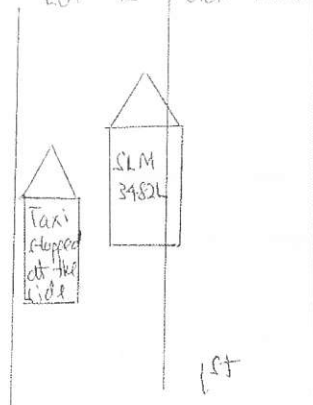
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

AVIATION INDUSTRIAL PTE. LTD.  
18 JUB ROAD #4  
SINGAPORE 408628  
TEL: 6440 2666 FAX: 6446 7487

02/05/2018

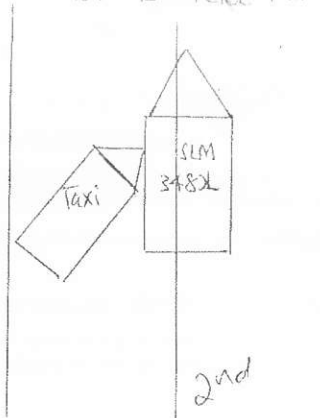
Sketch Plan

Lor K Telok Kurau



1st

Lor K Telok Kurau



2nd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1 May 2018 at around 5pm, I was driving out of JIE Lor K Telok Kurau. I stopped at the main gate, waiting to turn onto Lor K Telok Kurau. A taxi (CHA 9T59K) drove past me. After that, my car was behind the taxi. The taxi stopped by the side of the road. As Lor K is a narrow 2-way road, it is a common practice for drivers to drive into the other lane whenever a car stops or parks by the ~~road~~ side of the road, of course after ensuring that there is no oncoming vehicle. I did that and drove past the taxi. As I drove past the taxi, the taxi driver, upon seeing his passenger coming out of a condominium, suddenly turned right, thus hitting the 2 doors on the left side of my car.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

2 May 18 5pm

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

AUTOLUTION INDUSTRIAL PTE LTD

12, UBI ROAD #4

SINGAPORE 408833

TEL: 6468 9466 FAX: 6468 7482

02/05/2018

Reporting Centre Personnel's Signature

Name: S-00 PM

NRIC/FIN No.: