

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	21/05/2018 11:02
Date Of Accident	18/05/2018 18:20
Exact Location Of Accident	ION ORCHARD CARPARK LEVEL 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL3573L
Insured/Policyholder	
Name Of Registered Owner	NG HOONG FEI
NRIC No	S0126285H
Email Address	HORCHESR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98899751
Alternative Phone No	OTHERS-90491547

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	REPORTING ONLY
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	5074269734-02
Cover Note Number	

Driver

Name of Driver	WU SUFEN, CHERYL
NRIC No	S8137139C
Date Of Birth	27/11/1981
Occupation	INDOOR
Date Of Driving Pass	17/02/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90491547
Fax Number	
Contact Number	OTHERS-98899751
Email Address	HORCHESR@GMAIL.COM

Address	BLK 28 GHIM MOH LINK #08-272
Postcode	270028
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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)	5
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER 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

PLEASE REFER TO SKETCH PLAN

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	SLW2619P
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	ALOYSIUS
NRIC/Passport Number	
Contact Number	96311581
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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.

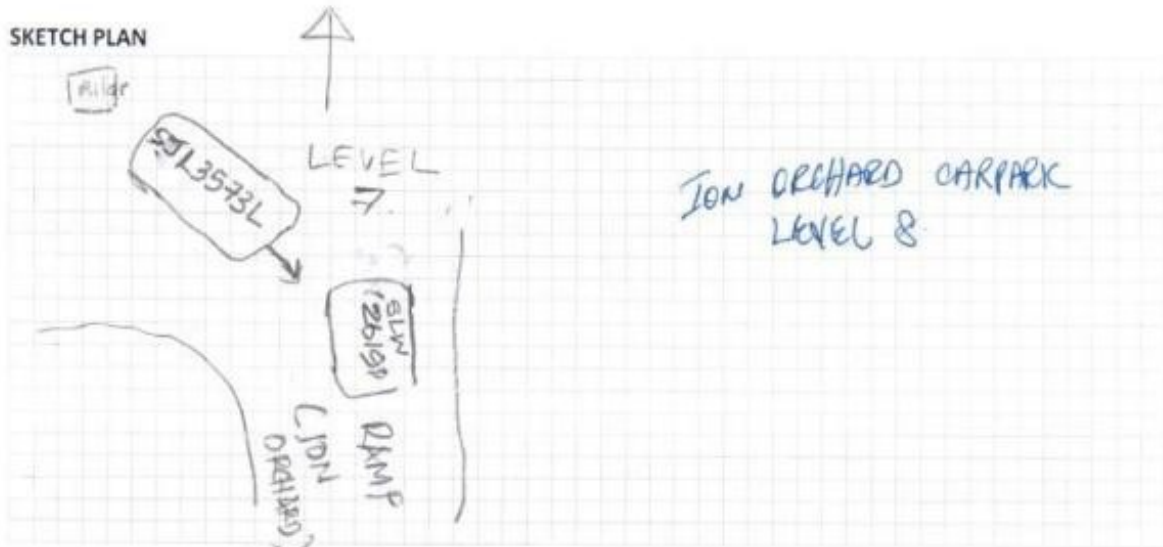

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- THE ACCIDENT OCCURRED AT THE INSTANCE OF MY VEHICLE REVERSING TO TURN LEFT. MY VEHICLE WOULD NOT HAVE BEEN ABLE TO TURN IF I DID NOT REVERSE.
- THE CAR (SLW2619P) WAS COMING UP THE RAMP BEHIND ME AND WAS AT A SLIGHT INCLINE BEHIND MY VEHICLE.
- ACCORDING TO THE DRIVER, HE HAD HONKED TO WARN ME THAT MY VEHICLE WAS COMING CLOSE TO HIS. HOWEVER, I WAS UNDER THE IMPRESSION THAT THE HONK WAS TO ASK FOR ME TO MOVE OUT OF THE WAY SO HE CAN PASS THROUGH.
- WHILE REVERSING VERY SLOWLY, MY VEHICLE BRUSHED AGAINST THE OTHER CAR. NO IMPACT WAS DISCERNIBLE TO US WITHIN OUR CAR.
- ACCORDING TO THE OTHER DRIVER, THE CONTACT WAS ON THE LEFT SIDE OF THE FRONT BUMPER. AT THAT POINT, NO DAMAGE WAS VISIBLE AT ALL. HE WAS ALSO UNABLE TO DETERMINE ANY DAMAGE AT THAT TIME.
- HE TOOK OUR DETAILS AND SAID HE WILL COME BACK TO US AT A LATER DATE REGARDING ANY DAMAGE.
- HE CONTACTED US AT 22:16 ON THE SAME DAY WITH A PICTURE OF A SLIGHT SCRATCH ON HIS BUMPER. HE INFORMED THAT HE WILL BE SENDING THE CAR TO THE WORKSHOP TO ADDRESS THE DAMAGE. HE LATER CAME BACK TO SAY THAT THE WORKSHOP ADVISED FOR HIM TO SEND HIS CAR TO THE DEALERSHIP (KOCOMO) AND WILL SEND IT IN ^{SOME TIME} THIS WEEK.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 21/05/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

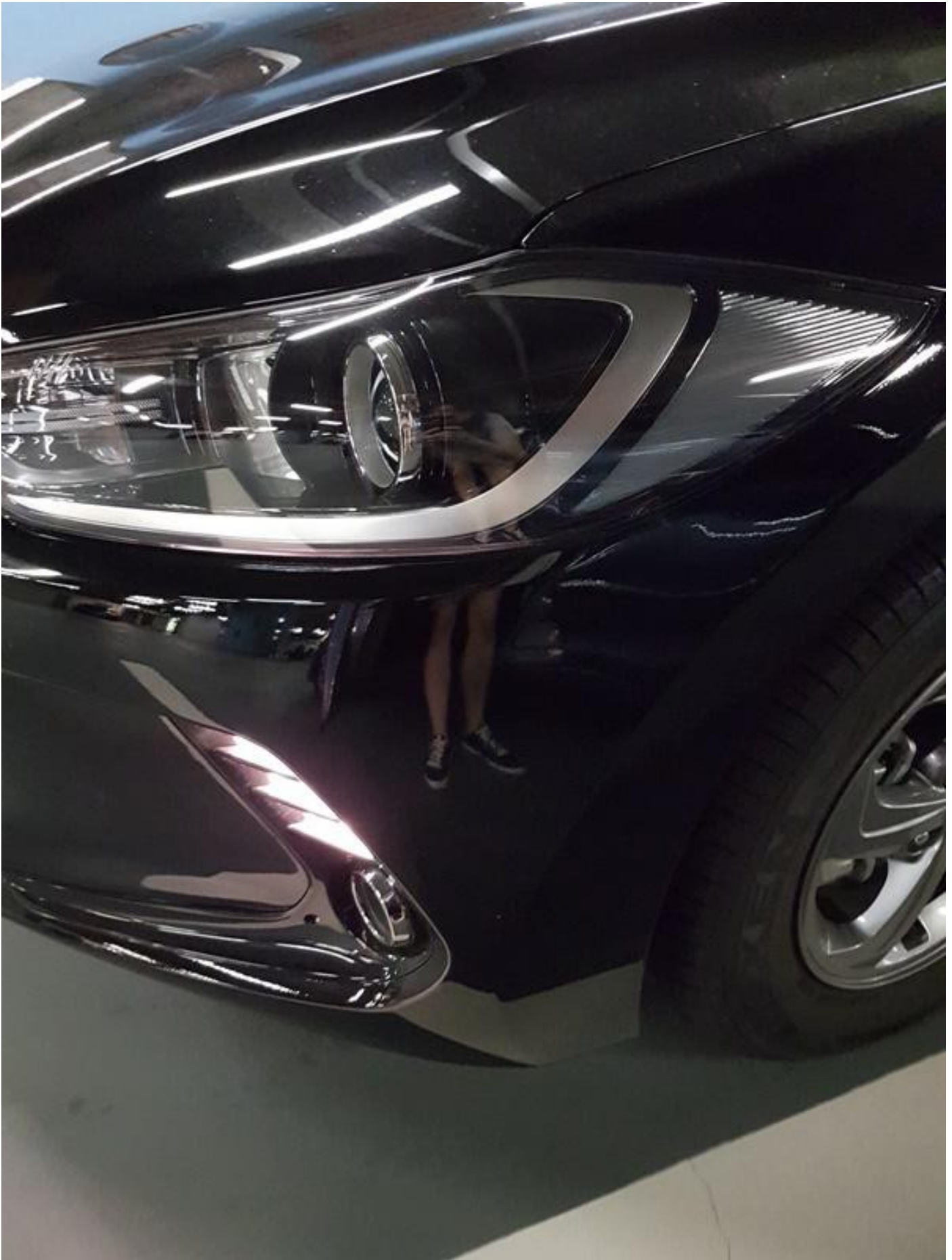


TOYOTA MOTOR CORPORATION
 MODEL NO. NCP93B-BEPRKT
 ENGINE 1NZ-FE 1497 cc
 VIN NO. MR053HY9305086735
 CILR 1000 FLAM 000kg
 873 EE10 735
 1998 US40E -02A SEP 08
 © 1998 TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND

Accident Photo



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