

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	12/05/2018 09:10
Date Of Accident	11/05/2018 18:00
Exact Location Of Accident	MCE(ECP) ENTERING TUNNEL AT LANE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW5922C
Insured/Policyholder	
Name Of Registered Owner	ANG LAI SING
NRIC No	S00704701
Email Address	BENJAMIN_ANGWK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91113043
Alternative Phone No	OTHERS-84823427

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (A)
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	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	5092141864
Cover Note Number	26/07/2017 - 25/07/2018

Driver

Name of Driver	ANG WEE KEONG BENJAMIN
NRIC No	S9145047Z
Date Of Birth	11/12/1991
Occupation	INDOOR
Date Of Driving Pass	14/11/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84823427
Fax Number	
Contact Number	
Email Address	BENJAMIN_ANGWK@YAHOO.COM.SG

Address	BLK 182 BEDOK NORTH ROAD #08-44
Postcode	460182
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	CHAIN 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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT (T/20180511/2123)

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	SLE2624T
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	FRONT AND REAR PORTIONS
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WEI WEI SERINA
NRIC/Passport Number	S7045134D
Contact Number	96668636
Address	BLK 565 ANG MO KIO AVE 3 #10-3413
Postcode	560565
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	3
Passenger 1	NAME: <input type="text" value="PASSENGER"/>
	GENDER: <input type="text" value="MALE"/>
Passenger 2	NAME: <input type="text" value="PASSENGER"/>
	GENDER: <input type="text" value="MALE"/>

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJE7925R
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD AIMAN BIN MAZLAN
NRIC/Passport Number	S9525933B
Contact Number	90915874
Address	BLK 893A TAMPINES AVE 8 #03-56
Postcode	521893
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LEE WEI WEI SERINA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLE2624T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MALE PASSENGER 01
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLE2624T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	MALE PASSENGER 02
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLE2624T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No. M11

D.O.A

Vehicle No

Make Model

Report Date: 5/12/2018 Start Date: 05/12/2018

Reporting Type: TP End Date:

SKETCH PLAN

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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.
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 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 reasonable required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, law or court orders.

5/12/2018 9:18

Policyholder's Signature
Date & Time:

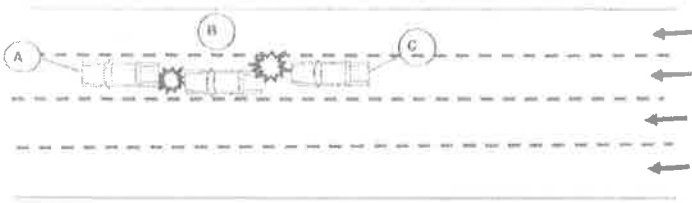
5/12/2018 9:18

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

Reading Centre Personnel's Signature
Name: Chen JunLiang
NRIC Fin No: S990765

Sketch Plan Pg. 2

SKETCH PLAN



MCE(ECP), BEFORE ENTERING TUNNEL AT LANE 2			
Vehicle A: SGW5922C	Vehicle B: SLE2624T	Vehicle C: SJE7925R	


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
 REFER TO ATTACHED POLICE REPORT (E20180511/2123)

DECLARATION

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

5/12/2018 9:18

Policyholder's Signature
Date & Time:



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

5/12/2018 9:18



Reporting Centre Personnel's Signature
Name: Chen JiaLiang
NRIC Fin No: S890705