

## 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	22/05/2018 13:35
Date Of Accident	19/02/2018 17:55
Exact Location Of Accident	LORONG 21A GEYLANG JUNCT SIMS AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY6164G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH BEE GEK
NRIC No	S1492057I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97991894
Alternative Phone No	OTHERS-97991894

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5094549760
Cover Note Number	

### Driver

Name of Driver	SOH KOK HIN
NRIC No	S1210654H
Date Of Birth	09/06/1956
Occupation	INDOOR
Date Of Driving Pass	12/08/1975
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97991894
Fax Number	
Contact Number	OTHERS-97991894
Email Address	NOEMAIL

Address	BLK 25 EUNOS CRESCENT #06-3055
Postcode	400025
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SLK7274E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

#### 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 liability.
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. The 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 lodgment 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 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:

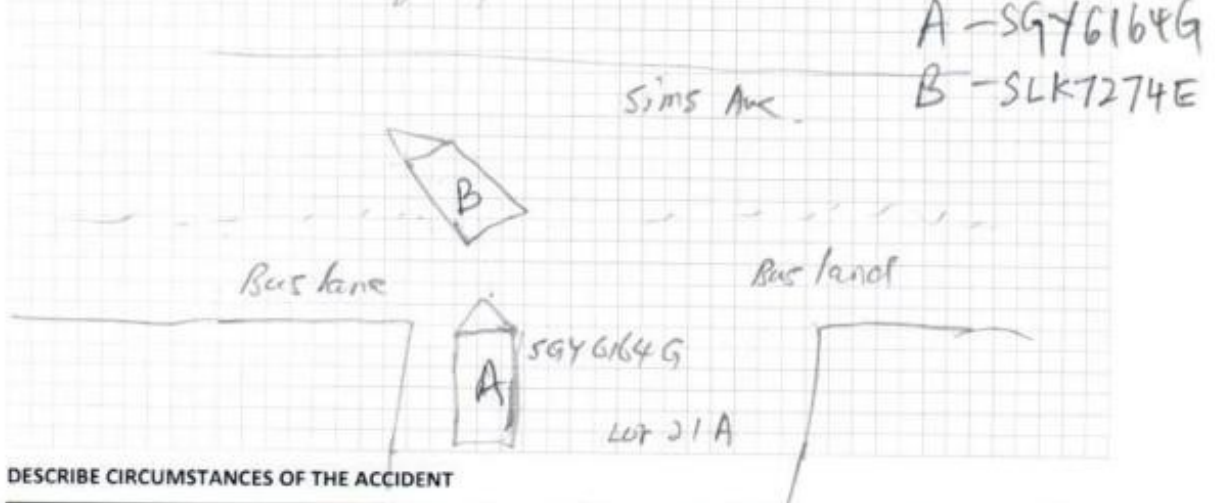
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Sketch Plan #2

SKETCH PLAN

Lor 21A Geylang Junction Sims Ave.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Lor 21A Geylang junction Sims Ave. While Vehicle A turn out suddenly Vehicle B stop and reversed back and near to vehicle A. After That Vehicle B Driver said that vehicle A driver pang is Vehicle B.

### 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:  
NRIC/FIN No.:



Your Ref: SGY6164G  
Our Ref: MT/CA/TP/022/0987401-001/FS/LC

27 Apr 2018

BY CERTIFICATE OF POSTING

SOH BEE GEK  
BLK 336 #06-841  
UBI AVENUE 1  
SINGAPORE 400336

Dear Policyholder

**CLAIM NUMBER: MT/0987401-001**  
**ACCIDENT INVOLVING SGY6164G / SLK7274E on 19 Feb 2018**

We refer to the claim against you.

We would like to inform you that despite our several reminders, you have not responded to our requests to report the accident to us.

As a result of your non-cooperation, we could not gather sufficient facts and information to handle the claim. We regret that we have no alternative but to repudiate liability to you under the policy.

We will inform the claimant to liaise directly with you. We enclose copies of the claimant's documents. If the claimant is taking legal action against you, you may wish to appoint your own lawyer to defend you.

In the meantime, we reserve the rights to seek recovery from you should we be bound by law or statute to settle any third party injury claim or claims on your behalf.

If you have any queries, please contact Our Customer Service Officers at 6430 7948 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely

Jenny Pe  
Deputy Vice President  
Motor Insurance



Police  
Report

Annex E

### NOTICE OF REPORTING

This is to confirm that SOH KOK HIN NRIC/FIN SI210654H residing at Block 25 Eunos Crescent #06-3055, has reported to the Police a non-injury traffic accident which occurred at on 19/02/2018 at 1755hrs involving the following vehicles: SGY6164G, One unknown white Toyota car . Location is along Lorong 21A Gevlang junct Sims Avenue.

2 If this accident was reported to the Police within 24 hours of its occurrence, then **he**/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: T160295 Elson Ang

Date: 21/02/2018

Time: 1342hrs

S/D Ref: 8

Police Post/Unit: Kampong Ubi NPP

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police



**Kampong Ubi NPP**  
Block 9 Eunos Crescent  
#01-2457 Singapore 400009  
Tel: 1800-7479999

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





