

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	15/05/2018 10:33
Date Of Accident	14/05/2018 07:20
Exact Location Of Accident	SLE TWDS CTE L/POST 544
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4333C
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Insured/Policyholder

Name Of Registered Owner	WONG MUN WAI
NRIC No	S1800257D
Email Address	TONY@WONG-SGP.COM
Mobile Phone No	(LOCAL) +65-96156311
Alternative Phone No	OFFICE-96156311

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S320

Exact Purpose for which vehicle was being used at time of accident	PTE USE
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5092236519
Cover Note Number	27/06/17 - 30/06/18

Driver

Name of Driver	WONG MUN WAI
NRIC No	S1800257D
Date Of Birth	21/02/1967
Occupation	INDOOR
Date Of Driving Pass	23/11/1984
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96156311
Fax Number	
Contact Number	OFFICE-96156311
Email Address	TONY@WONG-SGP.COM

Address BLK 362 WOODLANDS AVE 5 #02-420
 Postcode 730362
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 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
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 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

REFER TO ATTACH. *THIRD PARTY CLAIM BY CARL MOTOR & ENTERPRISE CENTRE P/L*

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 GY4191R
 Vehicle Make/Model/Colour NISSAN VAN
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver SARAVANAN S/O K SUBRAMANIAM
 NRIC/Passport Number S7413855A
 Contact Number 91787517
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP4425B
 Vehicle Make/Model/Colour MITSUBISHI LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

KYAW SWA AUNG

NRIC/Passport Number

S7064823G

Contact Number

97548625

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO: SLM 4333C
INSURER: NTUC Income
DATE & TIME: 14/5/2018 07:22 A

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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

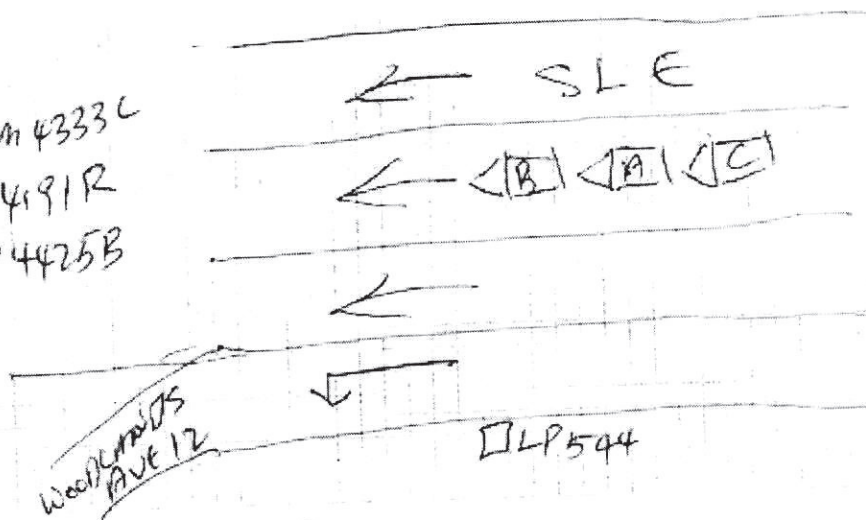
Driver's Signature
(If driver is not the policyholder)
Date & Time

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

Sketch Plan #2

SKETCH PLAN

A: SLN 4333C
B: GY 4191R
C: YP 4425B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/5/2018 @ 7:22 A.M. I WAS DRIVING my VEHICLE SLN 4333C, ALONG LANE 2 OF SLE BEFORE LAMP POST 544 WHEN THE VAN IN FRONT OF ME, GY 4191R, CAME TO A COMPLETE STOP I FOLLOWED SUIT & STOPPED MY VEHICLE BEHIND GY 4191R. THE Lorry FOLLOWING BEHIND ME, YP 4425B, WAS UNABLE TO STOP IN TIME & CRASHED INTO THE BACK OF MY VEHICLE, SLN 4333C, CAUSING IT TO MOVE FORWARD & HIT THE VAN GY 4191R, IN FRONT

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: (VCL)
NRIC/FIN No:

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☒ Claim ODP at other workshop

CARL MOTORS ENTERPRISE
CENTRE PTE LTD.