## 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 witholding of material facts may allow insurance companies to
- 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.

<ol><li>By the lodgement of this report to the insurers, you hereby a foresald.</li></ol>	e available upon application by interested parties.  consent to the archiving of this report at the centre and to copies of t	he report being made available
	ACCIDENT STATEMENT	
Date Of Report	21/05/2018 11:07	
Date Of Accident	19/05/2018 20:05	
Exact Location Of Accident	RAFFLES AVENUE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW8290M	
Insured/Policyholder		
Name Of Registered Owner	KOH LI WEI (XU LIWEI)	
NRIC No	\$7233594E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-84442424	
Alternative Phone No	OTHERS-84442424	
Vehicle Particulars		
Manufacturer	HONDA	
Model	SHUTTLE	
Exact Purpose for which vehicle was being used a 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

Vehicle Category

THIRD PARTY

PRIVATE HIRE

Insurance Company

Name of Insurance Company

Type Of Coverage

Fleet Policy

Policy Number Cover Note Number NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE

KOH LI WEI (XU LIWEI)

NO

S7233594E

22/09/1972

**OUTDOOR** 

07/10/1992

MALE

5098339662 (DRIVO CLASSIC)

Driver

Name of Driver

NRIC No

Date Of Birth Occupation

Date Of Driving Pass **Driving Experience** 

Gender Mobile Number

Fax Number Contact Number

EMail Address

(LOCAL) +65-84442424

25 YEARS AND 7 MONTHS

OTHERS-84442424

NOEMAIL

Address

BLK 302B ANCHORVALE LINK #02-186

Postcode

542302

Was driver an employee of the Insured's Company If No, Relationship of the Driver with the Insured

OTHER - SELF-EMPLOYED

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

YES

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 STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

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

SH6437S

Vehicle Make/Model/Colour

**MERCEDES** 

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

96503342

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
  - 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.

人姐

Policyholder's Signature Date & Time: MAY 201

Driver's Signature (If driver is not the policyholder) Date & Time: TE STATE THE TENT OF THE TENT

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

## Sketch Plan #2 Pg. 1

RESCRIBE CIRCUMSTANCES OF THE ACCIDENT  ON 1918/2018 © 8:05pm, I was driving along Ressies are  All of Sudden, Whicle SH 64235 behind of me Int onto my Roar particular  **Repart : Preser workshop "Esteem leverynance Pre Ged"  **CLARATION No declare the foregoing particulars are true in every respect.  **White the control of the contro	SKETCH PLAN		
PESCRIBE CIRCUMSTANCES OF THE ACCIDENT  ON 1916/2018 © 8:05pm, I was driving along Rassies Ave  All of Sudden, Wehicle SH 64335 behind of me hit onto my Roar partion.  **Remark: Preser workshop "Esteem lerramance Pte Ltd"  CICLARATION We declare the foregoing particulars are true in every respect.  A Howards Signature  To The Signatur			
PESCRIBE CIRCUMSTANCES OF THE ACCIDENT  ON 1916/2018 © 8:05pm, I was driving along Rassies Ave  All of Sudden, Wehicle SH 64335 behind of me hit onto my Roar partion.  **Remark: Preser workshop "Esteem lerramance Pte Ltd"  CICLARATION We declare the foregoing particulars are true in every respect.  A Howards Signature  To The Signatur		,	
PESCRIBE CIRCUMSTANCES OF THE ACCIDENT  ON 1916/2018 © 8:05pm, I was driving along Rassies Ave  All of Sudden, Wehicle SH 64335 behind of me hit onto my Roar partion.  **Remark: Preser workshop "Esteem lerramance Pte Ltd"  CICLARATION We declare the foregoing particulars are true in every respect.  A Howards Signature  To The Signatur			
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  ON 1915/2018 © 8:05pm, I was draing along rassies ave  All of Sudden, whicle SH 64335 behind of me hit onto my Roar partion.  **Remark: Preser workshop "Esteem lerramance Pre Usl"  CLARATION We declare the foregoing particulars are true in every respect.  A H  CLARATION We declare the foregoing particulars are true in every respect.  A H  Conver's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's Signature  (If driver is not the policyholder)  Name:			A = SLW 8290M
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  ON 1915/2018 © 8:05pm, I was draing along rassies ave  All of Sudden, whicle SH 64335 behind of me hit onto my Roar partion.  **Remark: Preser workshop "Esteem lerramance Pre Usl"  CLARATION We declare the foregoing particulars are true in every respect.  A H  CLARATION We declare the foregoing particulars are true in every respect.  A H  Conver's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's Signature  (If driver is not the policyholder)  Name:		ROSSION AIR	B=2H 64325
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  ON 191612018 © 8:05pm, I was driving along Rossilas Ave  All of Sudden, Whicle SH 64375 behind of me hit onto my Roar partion.  **Remark: Preser workshop "Esteem lerramance Phe Gd"  **Remark: Preser workshop "Esteem lerramance Phe Gd"  **CLARATION We declare the foregoing particulars are true in every respect.  **A Many Times  **Reporting Centre Personnel's Signature on the policyholder's Signature (Ill driver is not the policyholder)  **Reporting Centre Personnel's Signature Name:		7123.778	
Oh 1915/2018 @ 8:05pm, I was druing along Rassies Ave  All of Sudden, Whicle SH 64375 behind of me hit onto my Roar partion.  **Remark: Preser workshop "Esteem Performance Pre Ud"  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **Office of Signature (If driver is not the policyholder)  **Oriver's Signature (If driver is not the policyholder)  **Reporting Centre Personnel's Signature Name:		7 7 7	
Oh 1915/2018 @ 8:05pm, I was druing along Rassies Ave  All of Sudden, Whicle SH 64375 behind of me hit onto my Roar partion.  **Remark: Preser workshop "Esteem Performance Pre Ud"  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **Office of Signature (If driver is not the policyholder)  **Oriver's Signature (If driver is not the policyholder)  **Reporting Centre Personnel's Signature Name:			
Oh 1915/2018 @ 8:05pm, I was druing along Rassies Ave  All of Sudden, Whicle SH 64375 behind of me hit onto my Roar partion.  **Remark: Preser workshop "Esteem Performance Pre Ud"  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **Office of Signature (If driver is not the policyholder)  **Oriver's Signature (If driver is not the policyholder)  **Reporting Centre Personnel's Signature Name:			
Oh 1915/2018 @ 8:05pm, I was druing along Rassies Ave  All of Sudden, Whicle SH 64375 behind of me hit onto my Roar partion.  **Remark: Preser workshop "Esteem Performance Pre Ud"  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **Office of Signature (If driver is not the policyholder)  **Oriver's Signature (If driver is not the policyholder)  **Reporting Centre Personnel's Signature Name:			
Oh 1915/2018 @ 8:05pm, I was druing along Rassies Ave  All of Sudden, Whicle SH 64375 behind of me hit onto my Roar partion.  **Remark: Preser workshop "Esteem Performance Pre Ud"  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **Office of Signature (If driver is not the policyholder)  **Oriver's Signature (If driver is not the policyholder)  **Reporting Centre Personnel's Signature Name:			
Oh 1915/2018 @ 8:05pm, I was druing along Rassies Ave  All of Sudden, Whicle SH 64375 behind of me hit onto my Roar partion.  **Remark: Preser workshop "Esteem Performance Pre Ud"  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **Office of Signature (If driver is not the policyholder)  **Oriver's Signature (If driver is not the policyholder)  **Reporting Centre Personnel's Signature Name:			
Oh 1915/2018 @ 8:05pm, I was druing along Rassies Ave  All of Sudden, Whicle SH 64375 behind of me hit onto my Roar partion.  **Remark: Preser workshop "Esteem Performance Pre Ud"  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **CLARATION We declare the foregoing particulars are true in every respect.  **Office of Signature (If driver is not the policyholder)  **Oriver's Signature (If driver is not the policyholder)  **Reporting Centre Personnel's Signature Name:	DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	<u> </u>
#Remark : Preser workshop "Esteem lersonance fte Gel"  #Remark : Preser workshop "Esteem lersonance fte Gel"  ECLARATION We declare the foregoing particulars are true in every respect.  ### A ### The Triver's Signature   Oriver's Signature			
#Remark : Preser workshop "Esteem lersonance fte Gel"  #Remark : Preser workshop "Esteem lersonance fte Gel"  ECLARATION We declare the foregoing particulars are true in every respect.  ### A ### The Triver's Signature   Oriver's Signature			
#Remark : Preser workshop "Esteem lersonance fte Gel"  #Remark : Preser workshop "Esteem lersonance fte Gel"  ECLARATION We declare the foregoing particulars are true in every respect.  ### A ### The Triver's Signature   Oriver's Signature	on 1919	5/2018 @ 8:05pm, I was di	eving along Raffles Ave
**Remark : Preser workshop "Esteem lenowance Pre Ud "  CCLARATION  We declare the foregoing particulars are true in every respect.  A CLARATION  Oriver's Signature			
**Remark : Preser workshop "Esteem lenowance Pre Ud "  CCLARATION  We declare the foregoing particulars are true in every respect.  A CLARATION  Oriver's Signature	All of Sudden, vehi	cle SH64375 behind of m	a bit outs my Page and
icLARATION  We declare the foregoing particulars are true in every respect.  In the state of the foregoing particulars are true in every respect.  In the state of the foregoing particulars are true in every respect.  In the state of the foregoing particulars are true in every respect.  In the state of the foregoing particulars are true in every respect.  Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature Name:		The second of the	THE THE MY REAL POPULON.
icyholder's Signature  The Control of Contro			
icyholder's Signature  The Control of Contro			
icyholder's Signature  The Control of Contro			
icyholder's Signature  The Control of Contro			Charles and the contract of th
icLARATION  We declare the foregoing particulars are true in every respect.  In the state of the foregoing particulars are true in every respect.  In the state of the foregoing particulars are true in every respect.  In the state of the foregoing particulars are true in every respect.  In the state of the foregoing particulars are true in every respect.  Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature Name:	* Remark : Preser	workshop "Esteem Performa	three Pto 1+1"
ve declare the foregoing particulars are true in every respect.    Interpretation   Private   Personnel's Signature			115 40
re declare the foregoing particulars are true in every respect.    Comparison   Com			
re declare the foregoing particulars are true in every respect.    Comparison   Com			
ve declare the foregoing particulars are true in every respect.    Interpretation   Private   Personnel's Signature			
re declare the foregoing particulars are true in every respect.    Comparison   Com			
re declare the foregoing particulars are true in every respect.  Cyholder's Signature  e & Time:    Comparison   Compariso			
re declare the foregoing particulars are true in every respect.    Comparison   Com			
re declare the foregoing particulars are true in every respect.    Comparison   Com			
re declare the foregoing particulars are true in every respect.    Comparison   Com		The second secon	
re declare the foregoing particulars are true in every respect.    Comparison   Com		A	
ve declare the foregoing particulars are true in every respect.    Interpretation   Private   Personnel's Signature			
ve declare the foregoing particulars are true in every respect.    Interpretation   Private   Personnel's Signature			
ve declare the foregoing particulars are true in every respect.    Interpretation   Private   Personnel's Signature			
ve declare the foregoing particulars are true in every respect.    Interpretation   Private   Personnel's Signature			AEE:
ve declare the foregoing particulars are true in every respect.    Interpretation   Private   Personnel's Signature	CLARATION		
te & Time: (If driver is not the policyholder) Name:		ulars are true in every respect.	allo Vicon
te & Time: (If driver is not the policyholder) Name:	ak	a sta Man	(F) (F)
te & Time: (If driver is not the policyholder) Name:	L EM	× 200 ~ 2010	To see
e & Time: (If driver is not the policyholder) Name:		Oliver a albitacore	Reporting Centre Personnel's Signature
	te & Time:		Name:

of the National Association of the second