

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	28/05/2018 15:58
Date Of Accident	25/05/2018 18:50
Exact Location Of Accident	TOA PAYOH LORONG 6 TOWARDS TOA PAYOH LOR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1655X
Insured/Policyholder	
Name Of Registered Owner	DICKSON AUTO SOLUTION PTE LTD
Co Reg No	201624081Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 X CVT (A)
Exact Purpose for which vehicle was being used at 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	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	5094595959
Cover Note Number	

Driver

Name of Driver	ANG BENG GUAT
NRIC No	S7307888A
Date Of Birth	05/03/1973
Occupation	INDOOR
Date Of Driving Pass	07/07/2001
Driving Experience	16 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98208633
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 543 ANG MO KIO AVE 10 #08-2308
Postcode	560543
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 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

ON 25/05/2018 AT ABOUT 1850 HOURS A SLIP ROAD OD TOA PAYOH LORONG 6 TOWARDS BRADELL ROAD (CTE) . I WAS TRAVELLING ON THE EXTREME LEFT LANE OF THE ABOVE SLIP ROAD WAITING FOR THE CLEARANCE OF MAIN TRAFFIC AND SUDDENLY, I HEARD A LOUD BANG FROM BEHIND. I ALIGHTED AND REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. (A) SLV1655X (B) SHA699J

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	SHA699J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

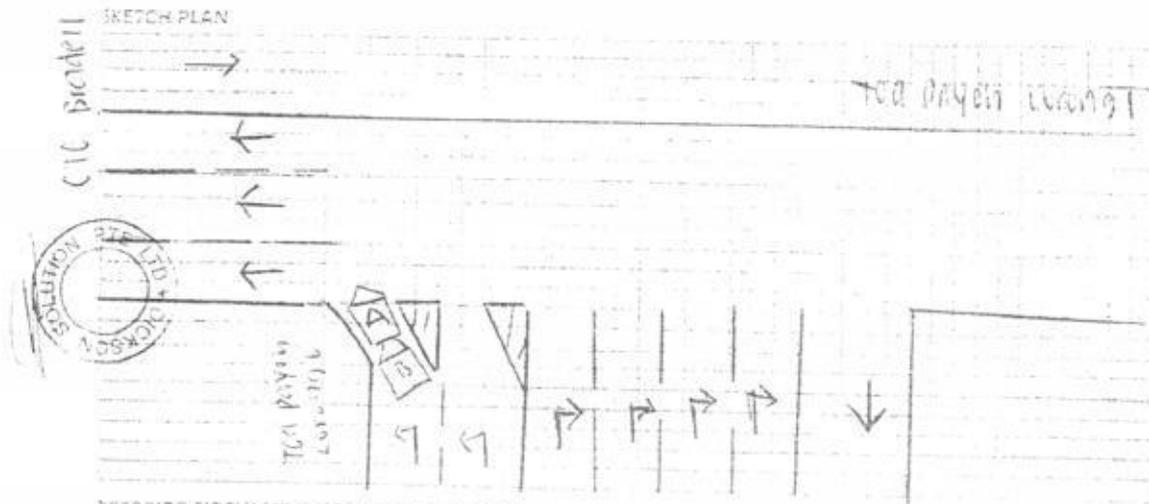
1. This document is strictly the document of the accident for use only on the day of the accident.
 2. This form must be completed by the Police Officer and Insurer's Authorized Officer.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or providing of material facts may affect insurance companies' complete policy liability.
 4. The usage and acceptance of this Form by insurance companies' does not constitute an offer of policy by the Police Officer or the insurance companies.
 5. Any false reporting may be referred to the Police for further enquiries.
 6. The report will be forwarded to the Director of the CIA Records Management Centre, 100 Robinson Road, Singapore 068902 (Ministry of Transport) for archival and retention of the records in Form 99A (Form 99A is available at the CIA Records Management Centre).
 7. By the signing of this document, the insured and the insurer consent to the use of the information contained in this document for the purposes stated below.
 8. Consents under the Personal Data Protection Act (PDPA).
- Understand of how it appears and understands:
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be 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 and supporting the claims with respect to this accident, including the use of the information and any personal data provided to going to the claims;
 - (ii) investigating the accident and/or the 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 laws and regulations, including but not limited to, my obligations to disclose to the relevant authorities.
 - (b) I have read and understand the content of this document, including the use of the information and any personal data 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 and supporting the claims with respect to this accident, including the use of the information and any personal data provided to going to the claims;
 - (ii) investigating the accident and/or the 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 laws and regulations, including but not limited to, my obligations to disclose to the relevant authorities.
 - (c) I have read and understand the content of this document, including the use of the information and any personal data 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 and supporting the claims with respect to this accident, including the use of the information and any personal data provided to going to the claims;
 - (ii) investigating the accident and/or the 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 laws and regulations, including but not limited to, my obligations to disclose to the relevant authorities.



Printed Name: _____
Printed Name: _____

[Signature]
Printed Name: _____
Date & Time: _____

[Signature]
Printed Name: _____
Name: _____
Nationality: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/05/2018 at about 1850 hours at slip road of Tea Payeh Lorong & towards Braden road (CIC). I was travelling on the extreme left lane of the above slip road waiting for the clearance of main traffic and suddenly, I heard a loud bang from behind.

I alighted and realised that it was vehicle (B) who hit into my rear portion of my vehicle (A) causing damages to my vehicle.

(A) SLV1655X

(B) SHA699J

DECLARATION

I, the undersigned, declare that the above is a true and correct statement of the facts and circumstances of the accident.

Signature: 
Date & Time: _____

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

Reporting Centre Person's Signature
Name: _____
NR-CR-001/10

