

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	02/06/2018 10:58
Date Of Accident	01/06/2018 19:55
Exact Location Of Accident	UPP SERANGOON RD TWRDS BENDEMEER RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJQ662G
Insured/Policyholder	
Name Of Registered Owner	TAN YIK KIM GREGORY
NRIC No	S7531043I
Email Address	GREGTANYK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98739759
Alternative Phone No	OTHERS-62837297
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	5077974438-02
Cover Note Number	
Driver	
Name of Driver	CAROLYN TAN PHEK GEK
NRIC No	S7329531I
Date Of Birth	31/07/1973
Occupation	INDOOR
Date Of Driving Pass	29/10/1994
Driving Experience	23 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96816426
Fax Number	
Contact Number	OTHERS-62548459
EEmail Address	CARROLYN@GMAIL.COM

Address	44 CHEMPAKA AVENUE
Postcode	349657
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	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?	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)	2
Passenger 1	NAME: : PASSENGER 1
	GENDER: : MALE

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 SKETCH PLAN

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	SHC8434T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN CHUAN HENG
NRIC/Passport Number	S1315803G
Contact Number	91470013
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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:

02 JUNE 2018 /
0915H

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575843
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

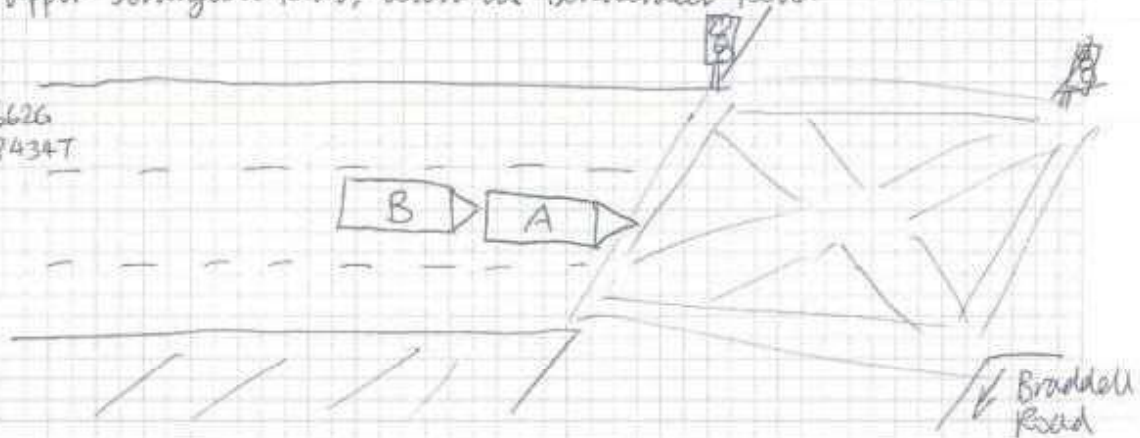
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Upper Serangoon Road, towards Bendemeer Road

A: SJQ662G
B: SHC8434T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was about 7.55pm on Friday, 01 June 2018. I was driving on Upper Serangoon Road, in the direction of Bendemeer Road, and nearing the junction of Braddell Road. Traffic was heavy and slow. The lights at the junction were green, but since traffic was heavy, I inched forward slowly. When I neared the yellow box, I braked gently and came to a complete stop. The lights were still green, but there was no space for me to move forward without having to stop inside the yellow box.

I then felt the impact of a vehicle hitting mine from the back. The driver emerged from his taxi SHC8434T and apologised for colliding into me.

DECLARATION

(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:

02 JUNE 2018/0915h

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1255 Fax: 6453 7944
(Claims Section)

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