

## 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	06/06/2018 17:16
Date Of Accident	05/06/2018 19:00
Exact Location Of Accident	JALAN EUNOS TOWARDS STILL ROAD BEFORE JALAN AWANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2753X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BSR AUTOMOTIVE PTE LTD
Co Reg No	201321380M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093715135
Cover Note Number	

### Driver

Name of Driver	EDWIN CHENG KOK CHUEN
NRIC No	S9200132F
Date Of Birth	01/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	13/05/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82889285
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 303 TAMPINES ST 32 #06-64
Postcode	520303
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : PASSENGER 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

ON 05/06/2018 AT ABOUT 1900HRS AT ALONG JALAN EUNOS TOWARDS STILL ROAD BEFORE JALAN AWANG. I WAS TRAVELLING ON THE LANE 2 AND SUDDENLY VEHICLE (B) ON THE EXTREME RIGHT LANE VEERED INTO MY LANE WITHOUT CHECKING HER BLINDSPOT AND WITHOUT CAUTIOUS HENCE COLLIDED ONTO MY WHOLE RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HEAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SJK2753Z (B) SKV9712Z

#### 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	SKV9712Z
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

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4. The issue and acceptance of this Form by insurance companies is not an admission of fault, liability or the extent of the insurance companies' liability.
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 until closed by a Panel of the General Insurance Association of Singapore (GIA) for archiving and other copies of this report will for a fee be made available upon request to any interested parties.
7. By the lodgment of this report to the insurers, you have authorised the insurers to make the report available to the relevant authorities.
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) assessing, handling and/or settling 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) formal, legal or official claims handling, including using my data and/or dealing with my claims collectively for the purposes of:
- (b) all Insurers 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 the purposes of the above purposes; and
- (c) all Insurers who have insured vehicle(s) involved in this accident and for GIA to their third party service providers or agents (including their lawyers/law firms, law firms, law enforcement agencies of Singapore, for or for more of the above purposes).
- (d) I consent that my personal data and/or my personal information may be collected and used to settle my claims for the purposes of the above purposes.
- (e) I consent that my personal data and/or my personal information may be collected and used to settle my claims for the purposes of the above purposes.
- (f) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, law enforcement and government agencies as reasonably required for the purposes stated, or
- (g) for complying with requirements under any regulations, laws or court orders.



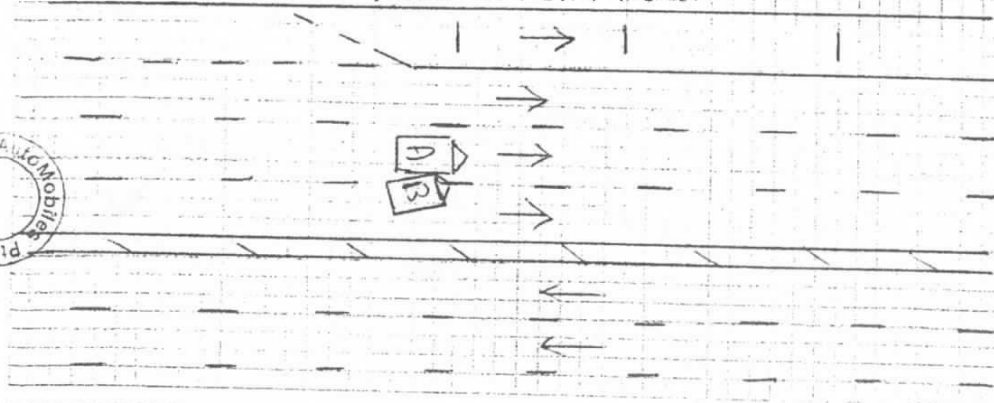
Policyholder's Signature  
Date & Time:

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

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

## SKETCH PLAN

Jalan Eunus towards Still Road



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 05/06/2018 at about 1900 hrs at along Jalan Eunus towards Still Road before Jalan Huang. I was travelling on the Lane 2 and suddenly a Vehicle (B) on the extreme Right Lane veered into my lane without checking her blindspot and without cautions hence collided onto my whole Right Portion of my Vehicle (A) causing damages to my vehicle. I have on passenger inside my vehicle.

(A) SJK 2753X

(B) SKV 9712Z

## DECLARATION

I declare the foregoing part of the report is 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/PIN No.: