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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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
18/06/2018 11:05
14/06/2018 13:10
ALONG ENG NEO FLYOVER TOWARDS TUAS
SINGAPORE
DETAILS OF OWN VEHICLE
SGG8595C
HO AH MIN
S1251978H
HANCARREPAIRS@GMAIL.COM
(LOCAL) +65-96260442
OTHERS-96260442
ТОУОТА
COROLLA ALTIS-1.6 (A)
t PRIVATE USE
NO
THIRD PARTY
PRIVATE CAR
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5080209904-02
HO AH MIN

Name of Driver HO AH MIN
NRIC No S1251978H
Date Of Birth 21/01/1957
Occupation INDOOR
Date Of Driving Pass 30/07/1979

Driving Experience 38 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96260442

Fax Number

Contact Number OTHERS-96260442

EMail Address HANCARREPAIRS@GMAIL.COM

Address 44 BEDOK RIA PLACE

Postcode 489796

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 COLLISION - HEAD TO REAR

Weather Conditions AFTER RAIN

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE 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 SJQ4326B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NURHAYATI BINTE SUKIMAN

NRIC/Passport Number S8538402C Contact Number 94557341

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

			SKETCH F					
						Vehicle No:		
						DOA:		
MPC	DRTANT NOTICE							
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or a	archiving and that copies of this re	port will for a fe	ee be made av	allable upon ap	plication by inte	rested parties.	contact of the count has	lee e
	he lodgement of this report to the	insurers, you h	ereby consent	to the archivin	g of this report a	at the centre and to	copies of the report be	ang n
Cons	sent under the Personal Date Pro	tection Act (PD	PA): I understa	and, acknowled	ige, agree and co	onsent that:-		
a)	My insurer, my workshop & the	General Insurar	nce Association	of Singapore ("GIA") may/are	permitted to collect,	use, disclose and/or p	roce
	personal data/personal informa (collectively the "Personal Informa	tion set out in t	his [form] and	any other person	onal information	provided by me or p	oossessed by my insure	inun!
	(collectively the "Personal Infor-	have insured ve	sciose & transi hicle (s) involv	ed in this accid	ent shall be colle	ectively referred to a	s the "insurers"), the l	nsure
	this accident (all insurer(s) who have insured vehicle (s) involved in this accident shall be collectively referred to as the "insurers"), the insure lawyers/law firms, the Monetary Authority of Singapore & any relevant government agency/authority (such as the police), for the purpose(s)							
	(i) processing, handling and/or dealing with my claims including the settlement of the claims & any necessary investigations relating to the claims							
	(ii) carrying out and/or dealing (iV) administering my claims (in	with my instruct	tions or respon	ding to any end	quiries by me;	connects on motions to	me which could be of	un di
	(IV) administering my claims (in of certain personal data about r	ne to bring abo	ut delivery of t	he same as wel	I as on the exter	nal cover of envelop	es/mail packages); and	t/or
	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")							
6)	All insurer(s) involved in this acc	ident and the in	nsurers' law fir	ms, may/are po	ermitted to colle	ct, use, disclose and	or process my Person	al
	Information for one or more of My Personal Information may/o	the above Purp	oses; and	Incurrent and Inc	GIA to their this	rd narty service prov	iders or agents (includ	ing ti
c)	lawyers/ law firms), which may	be sited outside	of Singapore.	for one or mor	e of the above P	Purposes.		
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						WAN DAMAGE CLAIR	A UNDER YOUR OWN	POLI
	PLEASE NOTE YOUR INSURER IN	MAY HAVE A 14	DAY-TIMEFRA	ME FOR YOU T	O SUBMIT AN O	THE DANIES SEATT	///	
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Describe Circumstances of the Accident
I was travelling along Heat I Eng Neo Flyover Towards Two Before
lamp Par 1068/2 & 1069/1A.
10 10 10 10 10 12 de 10 6 4/1A.
I sloved down and come to a complete stop because can
draw of Jours and
in front of me stopped.
Traffic was moderate.
However, vehicle (B) could not stop in time and hit onto my
car(a)'s rear portion. My car(a)'s Rear boot was not able to
close after the accident
We exchanged particulars thereaster.

Declaration

I/We declare the foregoing particulars are true in every aspect.

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not policyholder)

Date & Time

Witnessed by Reporting Centre

Personnel

















