### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number EMail Address

- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	25/06/2018 11:14
Date Of Accident	24/06/2018 15:20
Exact Location Of Accident	1KM B/F CIQ SULTAN ABU BAKAR TG KUPANG TWRDS S'POR
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG5955U
Insured/Policyholder	
Name Of Registered Owner	LUI JIA XU
NRIC No	S7972283I
Email Address	LUIJESSE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97919372
Alternative Phone No	OTHERS-97919372
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5097715604
Cover Note Number	
Driver	
Name of Driver	LUI JIA XU
NRIC No	S7972283I
Date Of Birth	20/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2006
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97919372
Fax Number	
Occupation Date Of Driving Pass Driving Experience Gender Mobile Number	OUTDOOR 11/11/2006 11 YEARS AND 7 MONTHS MALE

OTHERS-97919372

LUIJESSE@GMAIL.COM

BLK 473 CHOA CHU KANG AVENUE 3 Address

#15-175

Postcode 680473

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** 

SIDE SWIPE Type Of Accident 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

Number of Passengers (Including Driver)

ambulance?

NO

NO

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YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

: WIFE NAME:

GENDER: : FEMALE

Passenger 2 NAME: : DAUGHTER

> GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

**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 SKF7139B **BMW** Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver **EMMANUEL LOW ZHICHENG** 

NRIC/Passport Number S9080570C Contact Number 92967761

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

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#### Accident Sketch Plan

#### SKETCH PLAN

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- 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
- 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:

- 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)
  - (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
- (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.

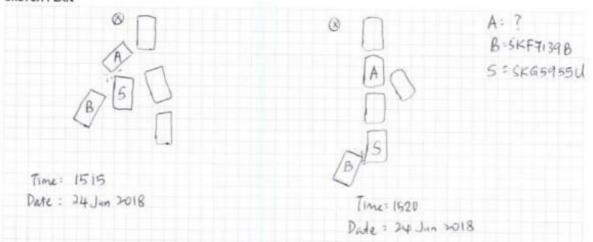
Policyholder's Signature

Driver's Signature (If driver is not the policyholder)

Date & Time:

## **Accident Sketch Plan**

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Prior to the contact with vehicle B, I made a slight contact with Vehicle A.
Vehicle A's owner chiver came out from the car to check the vehicle.
that's when I realised I made contact. He just asked me to be careful
and moved on in front of me as the queue of vehicles progressed.
The merging of lanes happened on the right hand side of the vehicle.
so I moved on as there was no a traffic controller in front signalling
me to mergo to the right.
0
There after, there was at least a car from the other lanes of on my
right moved forward and I drove on. Suddenly there was a slight just on
my car from the left hand side. I stopped my car went out to check.
I saw the driver (Emmanuel) came out and he asked me to telax and
said that I was affected by the incident earlier (with Vehicle A).
Another passenger (female) from the Vehicle B came out & shouted at me
This is not even our car. You must pay for the car now. I did not
respond to her: I spoke to the driver and we we took photos of each other's
Car & IC. Ne exchanged contact too. I offered to discuss about settlement
later, He mentioned he was not mounts.
Page 1 of 2

# DECLARATION

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

Policyholder's Signature
Date & Time: 25 Jan 2018

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

IRIC/FIN No.: FOSLI WATTOR

## **Accident Sketch Plan**

SKETCH PLAN		
DESCRIBE CIRCUMSTANCES OF T	UE ACCIOENT	
DESCRIBE CIRCONISTANCES OF T	HE ACCIDENT	
Continued		
At 1530, Emmanuel	called me and asked m	se how to settle I expect the
E and the second		damage & offered to ask
him bring her whisto	to the state of the	Tack tell by the Till
the knowled was welled	TO THE WORKSHOP & ENO	w. J Ask told him that 14
	o before I contact him	
		him that I was still checking
He mentioned again	that he knew I was a	theoled by the incident earlier.
At 1554. I Whatsapp	d to him to that	all the northships were closed
		said that he had called up
Mr Sister. Mis sister	insisted to send the	e vehicle to BMW service
Laure He Whatrapp	d me that he'll make	e a police report on this
At 2100, Emmanuel Co	ula me & mentroned	he'll send the vehicle to Bom
service pentre on Mor	day morning. He said he	i'll let me know the loss before
		Ifinered shouted at me the told
24 10 1 11	0 11 1 01	ne of the accident
The that they were	quareling at the time	ne of the accident
04 41 1 1	411 111	/ a - Free
nt THIS + In CONClus	im, I believed & he rai	n into me instead of draw
into him		
DECLARATION		
/We declare the foregoing particulars	are true in every respect.	/
A.		/ / / 10
OAto		05/06/206
Policyholder's signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 25 Jan 2018	(If driver is not the policyholder)	Name: Well WATTORS
0936	Date & Time:	NRIC/FIN No.: 9000 CONTO

0930





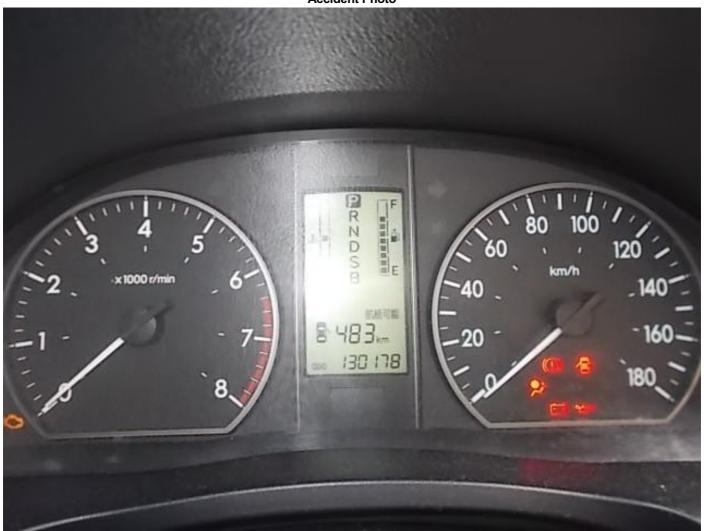












#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 – 17:00

UEN: SEGSSOROG / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : Muay 080 81333 \_\_\_\_\_\_ Vehicle Registration No: 5KG 5955 U Name(as shown in NRIC): Lui JIA Xu NRIC/FIN/Passport No : (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate : 473 Chaq Chu Kang Are 3 #15-175 Singapore(680473) Address 6699 0420 \_\_\_\_Mobile No. :\_\_ Contact (Tel) Lui Jesse @ Gmail. com Email Address Date of Accident : 24 Jun 2018 Time of Accident: 1520 Place of Accident : 1 km bff CIQ Sultan Abu Bakar Tg Kupang Towards Singapone Insurance Company: NTUC Income (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: To change from "Reporting" to "Third Party Claim". PHOTES DAMPHIK SHALLD BK RECORD LAGT Resorting Centre Policyholder / Driver's Signature Name: Date:

NRIC/FIN No