

## 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	29/06/2018 12:17
Date Of Accident	28/06/2018 17:55
Exact Location Of Accident	WESTGATE (WESTGATE DRIVE) TAXI STAND
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4871A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAFE N SWIFT
Co Reg No	53311649W
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96615252
Alternative Phone No	OFFICE-96615252

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5090961322-01
Cover Note Number	

### Driver

Name of Driver	LEE KHAR HOU
NRIC No	S8608151B
Date Of Birth	01/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96615252
Fax Number	
Contact Number	OFFICE-96615252
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 678 WOODLANDS AVENUE 6 #02-732
Postcode	730678
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	2
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	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

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	SLT5954S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	82981030
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN


Vehicle No: \_\_\_\_\_  
DOA: \_\_\_\_\_

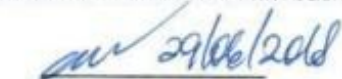
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- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
  - a) My insurer, my workshop & the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose 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 & 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 & 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 & any necessary investigations relating to the claims;
    - (II) 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) involved in this accident and the insurers' 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.

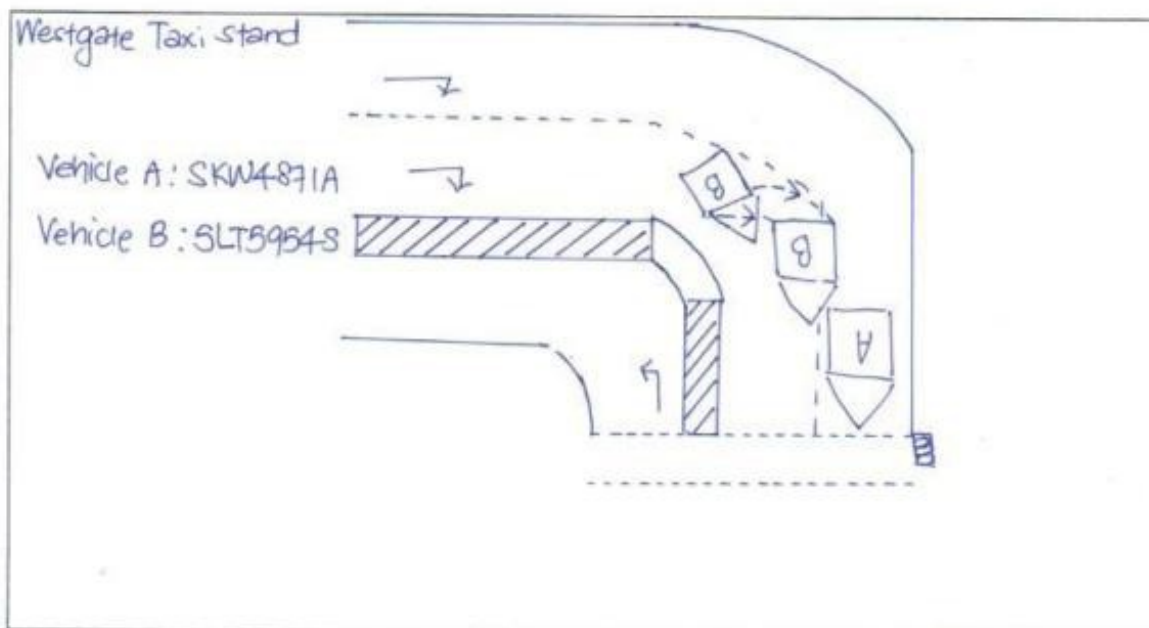
PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

  
Policyholder Signature  
Date & Time

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

  
Witnessed by Reporting Center  
Personnel

#### Sketch Plan



## Sketch Plan #2

### Describe Circumstances of the Accident

I was travelling along Westgate (Gateway Drive) taxi stand on 28/6/18 at about 1755hrs.

I was moving out from that area after picking up my passengers, when vehicle B came from the right and hit onto me when he changed lane. I was approaching the traffic light and was in my lane the whole time.

I also wish to state that the traffic light was green.

### 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

Accident Photo





Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo



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