

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 28/06/2018 14:06
Date Of Accident 27/06/2018 17:55
Exact Location Of Accident JUNCTION OF SEMBAWANG RD / MANDAI RD
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH5343E
Insured/Policyholder
Name Of Registered Owner GOH YEW BOON
NRIC No S1620059Z
Email Address STANLEY_YBGOH@YAHOO.COM
Mobile Phone No (LOCAL) +65-98781876
Alternative Phone No OFFICE-98781876

Vehicle Particulars

Manufacturer VOLKSWAGEN
Model PASSAT-1.4 TSI DSG 3623A7 (A)
Exact Purpose for which vehicle was being used at time of accident PERSONAL 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 5096166198
Cover Note Number DRIVO CLASSIC

Driver

Name of Driver GOH YEW BOON
NRIC No S1620059Z
Date Of Birth 14/06/1963
Occupation INDOOR
Date Of Driving Pass 29/02/1988
Driving Experience 30 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98781876
Fax Number
Contact Number OFFICE-98781876
EMail Address STANLEY_YBGOH@YAHOO.COM

Address 3 GEYLANG EAST AVE 1 #05-09
 Postcode 389779
 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 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) 2
 Passenger 1
 NAME: : SIM LAY AI
 GENDER: : FEMALE

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

I WAS DRIVING ALONG SEMBAWANG RD TWDS SLE. WHEN I REACHED THE JUNCTION OF SEMBAWANG RD/MANDAI RD, THE TRAFFIC LIGHT TURNED FROM AMBER TO RED. SO I SLOWED DOWN AND STOPPED. SUDDENLY, A VEHICLE B, SKP4970J BEHIND ME CANNOT STOP IN TIME AND COLLIDED TO THE REAR PORTION OF MY CAR. THE IMPACT PUSHED MY CAR FORWARD TO STOP OVER THE WHITE STOPLINE AT THE TRAFFIC JUNCTION. NO PHYSICAL INJURIES TO BOTH DRIVERS AND PASSENGER AT THE TIME OF ACCIDENT.

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 SKP4970J
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver TAN AIK KEE
 NRIC/Passport Number S7225628Z
 Contact Number 97689870
 Address BLK 313B ANCHORVALE RD #08-114
 Postcode 542313
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

28-6-18 / 1220H

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

28-6-18 / 1220H

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

SKETCH PLAN

Sembawang Rd



A: SKH 5343C
B: SKP 4970J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sembawang Rd towards SLE. When I reached the junction of Sembawang Rd / Mandai Rd, the traffic light turned from Amber to Red, so I slowed down & stopped. Suddenly, a vehicle B, SKP 4970J behind me, cannot stop in time & collided to the rear portion of my car. The impact pushed my car forward to stop over the white stopline at the traffic junction. No physical injuries to both drivers and passenger at the time of accident.

DECLARATION

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

Policyholder's Signature

Date & Time: 28-6-18 / 1220H

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28-6-18 / 1220H

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCKR18083431 Vehicle Registration No : SKH5343E
Name (as shown in NRIC) : GOH YEW BOON NRIC/FIN/Passport No : S1620059Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 3 GEYLANG EAST AVE 1 #05-09 Singapore (389779)
Contact (Tel) : Mobile No : 98781876
Email Address :
Date of Accident : 27.06.2018 Time of Accident : 17.55HRS
Place of Accident : JUNCTION OF SEMBAWANG RD / MANDAI RD
Insurance Company : NTUC INCOME

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND NAME OF REGISTERED OWNER AND DRIVER TO: GOH YEW BOON.

Policyholder / Driver's Signature
Date: 28/6/18

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