#### 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/07/2018 13:11
Date Of Accident	01/07/2018 12:15
Exact Location Of Accident	TAMPINES AVENUE 5 TRAFFIC LIGHT ALONG AIA BUILDING
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR3304S
Insured/Policyholder	
Name Of Registered Owner	SEET WEN CHENG, JASON (XUE WENQING, JASON)
NRIC No	S8414237I
Email Address	SEETJASON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98309869
Alternative Phone No	OFFICE-98309869
Vehicle Particulars	
Manufacturer	AUDI
Model	AUDI A4 SEDAN 1.4 TFSI
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	5093344789
Cover Note Number	
Driver	

Name of Driver WONG TZE XIN, CYNTHIA

NRIC No S8311964J
Date Of Birth 17/04/1983
Occupation INDOOR
Date Of Driving Pass 03/11/2006

Driving Experience 11 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97975248

Fax Number

Contact Number OTHERS-97975248

EMail Address AIHTNYC X17@YAHOO.COM

Address APT BLK 174 LOMPANG ROAD

#16-61 670174

M 1: 1 (II ) NO NO

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

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Insurance Company of Driver's Own Vehicle

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#### **General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

#### Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

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) 1

#### **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**

ON 1 JULY 2018, AT AROUND 12-12:15PM, I DROVE ALONG TAMPINES AVENUES, ALONGSIDE AIA BUILDING ON THE LEFT, TAMPINES HUB ON THE RIGHT FRONT, AS TRAFFIC LIGHT IS RED, MY CAR IS PUT TO A STOP AS I WAITED FOR GREEN LIGHT. WHILE I WAS STATIONARY AT TRAFFIC LIGHT, VEHICLE NO. SLR 1566 R COLLIDED INTO MY REAR

### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLR1566R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of DriverSI MINGNRIC/Passport NumberS7876169EContact Number96990685

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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- 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 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
- 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)
  - (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
- 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.
- 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: 2 DULY 2018

1320 hus

Driver's Signature

(If driver is not the policyholder)

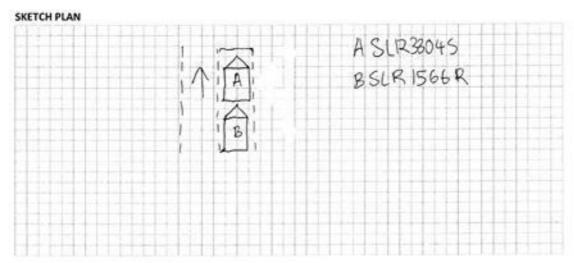
Date & Time: 02 JULY 2018

1320 HRS.

Reporting Centre Personnel's Signature Name: UM (QQ SICAL)

NRIC/FIN No .: CAGS & 67M

### Sketch Plan #2



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature
Date & Time: 2 July 2018
1316 HKS

Driver's Signature

(if driver is not the policyholder) Date & Time: 02 JULY 2018

1316 HRS.

Reporting Centre Personnel's Signature Name: LIM K& Stund NRIC/FIN No.: GGS\$256hum























#### **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 Operating Hours: Monday to Friday, 09:00 – 17:00 URN: 566550206 / 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: MPA 118084850-11 \_\_\_\_\_Vehicle Registration No: QR 33045 Original Report No : Name(as shown in NRIC): Seet Wen (Neng, Joson NRIC/FIN/Passport No : 884142371 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Singapore(670174) Address 98309869 Contact (Tel) **Email Address** 12:15 Time of Accident : Date of Accident Place of Accident Insurance Company: (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: Amend Porty Whide number. Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: LIU 1000 SING NRIC/FINNOGSS SESS 4M Date: 67