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 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

	ACCIDENT STATEMENT
Date Of Report	02/07/2018 13:19
Date Of Accident	01/07/2018 19:00
Exact Location Of Accident	MARINE CRESCENT INTO MARINE TERRACE
Country/State of Loss	SINGAPORE

	DETAILS OF OWN	VEHICLE		
Vehicle Registration Number	SCR2345L			
Insured/Policyholder				
Name Of Registered Owner	NG KOK BIN	•	•	

Name Of Registered Owner	NG KOK BIN
NRIC No	S0965371F
Email Address	NOEMAIL

Mobile Phone No (LOCAL) +65-96300709 Alternative Phone No OTHERS-96300709

Vehicle Particulars

Manufacturer **HONDA** Model VEZEL-1.5 (A) Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

PRIVATE USE

NO for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5085326535-01

Cover Note Number 27/10/2017 - 26/10/2018

Driver

Name of Driver NG KOK CHOR NRIC No S0192241F 16/05/1953 Date Of Birth **INDOOR** Occupation 29/01/1976 Date Of Driving Pass

42 YEARS AND 5 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-90875038 Mobile Number

Fax Number

Contact Number

EMail Address KENNETH531995@GMAIL.COM Address

BLK 57 MARINE TERRACE #01-121

Postcode

440057

Was driver an employee of the Insured's Company

NO

If No. Relationship of the Driver with the Insured

SIBLING

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

DRIZZLE

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2 NO

Was any body injured in the Accident? 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:

: KENNETH NG CHENG HANG

GENDER:

: MALE

Passenger 2

NAME:

: CHAN HONG INN

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

MY VEHICLE WAS TRAVELLING ON THE RIGHT LANE OF MARINE CRESCENT, TURNING INTO MARINE TERRACE. VEHICLE B WAS ON THE LEFT LANE. (ONLY ALLOWING LEFT TURN LANE). AS MY LANE ALLOWS ME TO EITHER TURN LEFT OR GO STRAIGHT, I WANTED TO TURN LEFT. AS I WAS TURNING LEFT HALFWAY, I FELT AN IMPACT AND VEHICLE B HAD HIT ONTO MY VEHICLE. NO ONE WAS INJURED.

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

SKL4464A

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

FRONT RIGHT PORTION

Vehicle Category

PRIVATE CAR

Name of Driver

TAN GEOK LAN GERLINDA

NRIC/Passport Number

S0078311J

Contact Number

91113228

Address

BLK 44 MARINE CRESCENT #24-14

Postcode

1544

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME:

: PASSENGER

GENDER:

: FEMALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: FEMALE

Sketch Plan Pg. 1

NTUC Income Motor Service Centre	Vehicle No. SCRZSKS	L 8
С — — — — — — — — — — — — — — — — — — —	WITTTEL	Report Date: 7,3 2018 Start Time: 1:32 PM Reporting Type: End Time:

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)
- Lunderstand, 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 iform) 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" inversalized from 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 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 reasonable required for the purposes stated, or

(ii) for complying with requirements under any regulations, law or court orders

7/2/2018 13:31

7/2/2018 13:31

Policyholder's Signature

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

Name: Chen JunLiano NR/C/ Fin No: S990765

Reporting Centre Personnel's Signature

Sketch Plan Pg. 2

SKETCH PLAN
MARINE CRESCENT
MARINE TERRACE
MARINE CRESCENT INTO MARINE TERRACE
Vehicle A: SCR23451. Vehicle B: SKL4464A
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
VEHICLE B WAS ON THE LEFT LANE. (ONLY ALLOWING LEFT TURN LANE). AS MY LANE ALLOWS ME TO EITHER TURN LEFT OR GO STRAIGHT, I WANTED TO TURN LEFT. AS I WAS TURNING LEFT HALFWAY, I FELT AN IMPACT AND VEHICLE B HAD HIT ONTO MY VEHICLE. NO ONE WAS INJURED.
DECLARATION
I/We declare the foregoing particulars are true in every respect.

7/2/2018 13:31

Reporting Centre Personnel's Signature Name Chen JunLiang NRIC Fin No: S990765

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

7/2/2018 13:31

Policyholder's Signature Date & Time: