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 aforesaid.

ACCIDENT STATEMENT	
Date Of Report	09/07/2018 17:19
Date Of Accident	07/07/2018 09:40
Exact Location Of Accident	DRIVEWAY ALONG BLK 26A JALAN MEMBINA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMA8382K
Insured/Policyholder	
Name Of Registered Owner	RUBEN AUTO
Co Reg No	53382234C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5101748373
Cover Note Number	
Driver	
Name of Driver	KENNETH TAY
NRIC No	S9237963I
Date Of Birth	01/10/1992
Occupation	INDOOR
Date Of Driving Pass	08/03/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	KENNETHTAY@OUTLOOK.COM

Address	BLK 839 WOODLANDS STREET 82 #06-301
Postcode	730839
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	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	
Was any body injured in the Accident?	NO
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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

ON 07/07/2018 AT ABOUT 0940 HRS AT ALONG DRIVEWAY OF BLK 26A JALAN MEMBINA. I WAS TRAVELLING ON THE ABOVE MENTIONED DRIVEWAY BEHIND VEHICLE (B) AND WHEN VEHICLE (B) STOPPED HENCE I FOLLOW SUIT. SUDDENLY VEHICLE (B) MADE A QUICK REVERSING WITHOUT ANY SIGNAL AND WITHOUT PROPER LOOKOUT HENCE COLLIDED ONTO MY FRONT LEFT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. (A) SMA8382K (B) SKP4093R

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	SKP4093R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of liability by them but of the right of companies.
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 the report will for a fee be made available upon any lawful interested parties.
7. By the lodgment of this report to the insurer, you hereby consent to the archiving of this report at the centre and to copies of the report being made available thereafter.
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 assessment 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 (including, protecting, investigating and/or defending my claims (collectively the "Purposes")

(b) the Insurer(s) who have insured vehicle(s) involved in this accident or the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for the purposes of the above Purposes; and

(c) my Personal Information may/may be disclosed by any of the Insurers and/or GIA to third parties connected to any claim or any agent or duly appointed lawyers, law firms, within and/or outside of Singapore, insurance companies, insurance brokers;

(d) my Personal Information may be collected and used to assess the merits of my claim, investigate fraud, investigate and manage my present and future claims;

(e) the information to be collected under (a) above may be shared/disclosed:

(i) to the 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

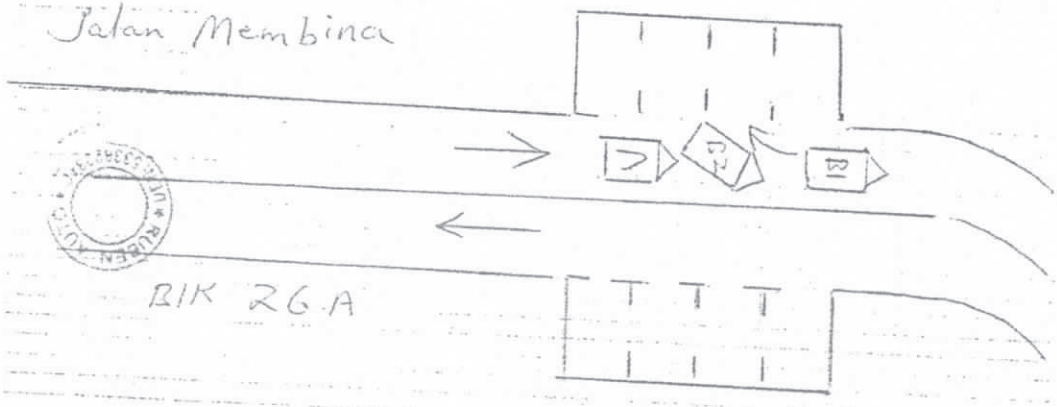
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/07/2018 at about 0940 hrs at along Driveway of Blk 26A Jalan Membina. I was travelling on the above mentioned driveway behind vehicle (B) and when vehicle (B) stopped hence I follow suit. Suddenly vehicle (B) made a vehicle Reversing without any signal and without proper lookout hence collided onto my Front Left Portion of my Vehicle (A) causing damages to my vehicle.

(A) SMA 8382K
(B) SKP 4093R

DECLARATION

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

Policyholder's Sig
Date & Time:

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

Reporting Centre Personnel's signature
Name:
NRIC/FIN No: