### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

**EMail Address** 

- 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

ACCIDENT STATEMENT
11/07/2018 11:29
10/07/2018 17:35
KJE TWDS BKE
SINGAPORE
DETAILS OF OWN VEHICLE
SLP5483B
PROGRESSIVE LEASING SERVICES
53366429B
ALVCHIAM@GMAIL.COM
OFFICE-97485335
MERCEDES-BENZ
E200 CGI A
PTE USE
NO
THIRD PARTY
PRIVATE HIRE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5092620637-01
01/05/18 - 30/04/19
CHIAM AH KHIM
S1817120A
28/01/1967
INDOOR
14/08/1996
21 YEARS AND 10 MONTHS
MALE
(LOCAL) +65-97485335

ALVCHIAM@GMAIL.COM

Address BLK 353A ADMIRALTY DRIVE #02-294

Postcode 751353
Was driver an employee of the Insured's Company NO

ICAL DIES IS OF SHOULD IN OTHER

If No, Relationship of the Driver with the Insured OTHER - SPOUSE OF OWNER

Vehicle Registration Number of Driver's Own Vehicle

licie

OTTER-SPOOSE OF OWNER

-

Insurance Company of Driver's Own Vehicle

-

NO

2

NO

NO

#### **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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : WIFE

GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

# **Circumstances of Accident**

Traffic was congested and vehicles were moving and stop situation. I followed front vehicles came to a stop due to heavy traffic when suddenly car B hit me from behind. No one was injured.

# Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: EMAIL TO NTUC

Was there any audio recorded? NO

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

Vehicle Registration Number SBR1111M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver CHANDRA PILLAY

NRIC/Passport Number S1727519D Contact Number 81275017

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

SKETCH PLAN

VEHICLE NO .: SLP 5483 E

INSURER

DATE & TIME: 10

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- 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 liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 interested parties.
- 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:

- 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
- (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

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

Reporting Centre Pe

Name: NRIC/FIN No.:

# Sketch Plan #2

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Date & Time: (If driver is not the policyholder) Name:  Date & Time: NRIC/FIN No.:  SINSKYLL STELLANDARD SYN V3 ( ) Claim Own Policy ( V Claim Third Party ( ) Reporting Only ?	Policyholder's Signature			Reporting Centre Personner's Signature
AMERICA Stretch Hand 2000 V3 ( ) Claim Own Policy ( V) Claim Third Party ( ) Reporting Only 2	Date & Time:		the policyholder)	
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