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	14/07/2018 12:50
Date Of Accident	13/07/2018 17:15
Exact Location Of Accident	PADANG JERINGAU (OFF KALLANG ROAD)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGV8488A
Insured/Policyholder	
Name Of Registered Owner	SALUD GUSTO
Co Reg No	53350722K
Email Address	RIKIRO@RIKIRO.COM
Mobile Phone No	(LOCAL) +65-96778488
Alternative Phone No	OFFICE-96778488
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	AVEO
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086469075-01
Cover Note Number	
Driver	
Names of Duissan	DIVIDO CLIUNO

Name of DriverRIKIRO CHUNGNRIC No\$8070820CDate Of Birth26/07/1980OccupationOUTDOORDate Of Driving Pass14/08/2000

Driving Experience 17 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96778488

Fax Number

Contact Number OTHERS-96778488
EMail Address RIKIRO@RIKIRO.COM

Address 121 TANJONG RHU ROAD

#03-10

Postcode 438914

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

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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 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : PASANGGER

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?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 SJK1118L

Vehicle Make/Model/Colour MAZDA 3

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver YONG WEI YAN ,JACKLYN

NRIC/Passport Number S8227234H Contact Number 91074361

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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)

l understand, acknowledge, agree and consent that:

- (a) My maurer, 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:
 - 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:
 - 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.

SALUD GUSTO Co Reg No: 53350722K

Policyholder's Signature Date & Time

18 Jul 2018

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M.

Oriver's Signature (If driver is not the policyholder) Date & Time: | 8 Jul 2018

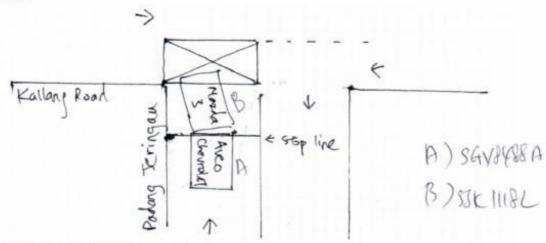
11000

Reporting Centry Parson Pel's Signature

NRIC/FIN No. H

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13th Jul 2018 ground 5:15pm, 1, Rikino CHUNG SROTORZOV was driving my busines resigned which SGV RABBA charood Charvold Aveo along Kollong Ave towards Padage Jeringan. When of I had a passenger at the back, when approaching Podang Teringan function off Kallang Road, in front of my car was a Rod colour Mazda 3 SJK 11186 Morda 3 driver accelerated to turn left, then she stopped abruptly after the turning line at the yellow box. I tried my boat to brake but still hit the Mazda 3 real. I was driving att only about 20 km/h. The inpact caused damage to my front left bumper & light box. While Mazda 3 had only minor scratches on the rear bumper. No I was injured.

DECLARATION

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

SALUD GUSTO Co Reg No: 53350722K

Policyholder's Signature Date & Time

18 Jul 2018 11 am

Ar

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

18 Jul 2018 1/am

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





























