

## 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 withholding 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	25/06/2018 09:47
Date Of Accident	25/06/2018 03:30
Exact Location Of Accident	PIE(CHANGI) BEFORE STEVENS ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF4410L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUSY SURYANI SANTOSO
NRIC No	S2586135C
Email Address	SUSYSSANTOSO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81009300
Alternative Phone No	OTHERS-96661601

### Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.8 (A)
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	5079088300-02
Cover Note Number	28/04/2018 - 27/04/2019

### Driver

Name of Driver	LEE MIN YEN
NRIC No	S9346125H
Date Of Birth	05/12/1993
Occupation	INDOOR
Date Of Driving Pass	16/08/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96661601
Fax Number	
Contact Number	
Email Address	MINLEEE93@GMAIL.COM

Address	32 AH HOOD ROAD #18-01
Postcode	329977
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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
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

MY VEHICLE WAS TRAVELLING ON THE CENTRE LANE OF PIE(CHANGI) BEFORE STEVENS ROAD EXIT. VEHICLE B WAS ON THE LEFT LANE. I WAS DRIVING AT A CONSTANT SPEED OF 70KM/HR AND I DID NOT SEE ANY INDICATOR / SIGNAL FROM VEHICLE B. AS I DROVE PAST VEHICLE B, KEEPING TO MY CENTRE LANE, I SUDDENLY FELT A GREAT IMPACT AT MY VEHICLE REAR LEFT PORTION. AFTER THE IMPACT, I WAS SHOCKED AND BOTH DRIVERS DROVE TO THE ROAD SHOULDER ON THE LEFT, WHILE MY VEHICLE BEING IN THE FRONT OF VEHICLE B. WHEN WE GOT OUT FROM OUR VEHICLES RESPECTIVELY, VEHICLE B DRIVER ON A DEFENSIVE NOTE MENTIONED THAT I HAD CUT ONTO HIS LANE INSTEAD. AS I WAS ALONE THUS I DID NOT PROCEED TO ENGAGE FURTHER. WE EXCHANGED PARTICULARS, TOOK SOME PHOTOS. VEHICLE B DRIVER INFORMED THAT HIS EMPLOYER WILL CALL MY GOOD-SELF BUT TILL DATE, I DID NOT RECEIVE ANY PHONE CALL YET. NO ONE WAS INJURED PHYSICALLY.

#### 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	CB3100D
Vehicle Make/Model/Colour	BUS
Details Of Properties	FRONT RIGHT PORTION
Vehicle Category	BUS
Name of Driver	YAO BO
NRIC/Passport Number	G8040450L
Contact Number	85356177
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

## Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT/

D.O.A: 25/6/18

Vehicle No: SKF4410L

Make / Model: Audi A4

Report Date: 6/25/2018 Start Time: 10:37 AM

Reporting Type: TP End Time: / /

### SKETCH PLAN

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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)**

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 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.

Policyholder's Signature  
Date & Time:

6/25/2018 10:37

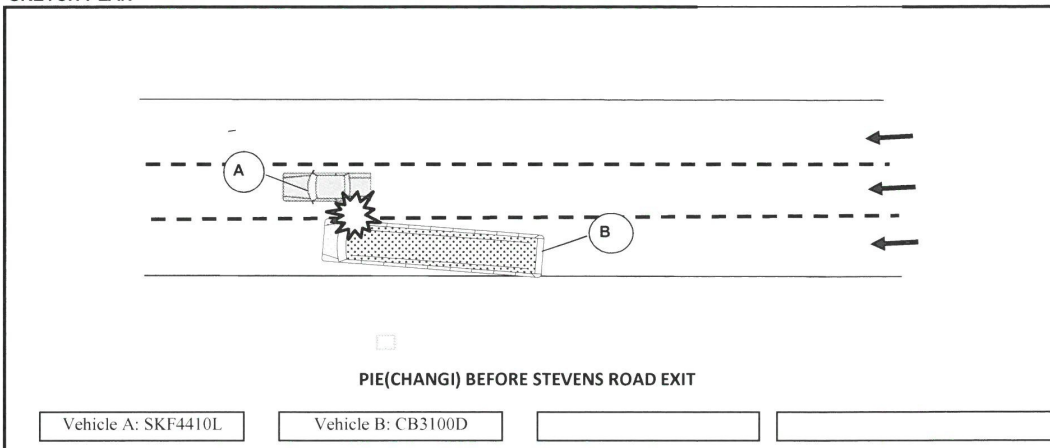
Driver's Signature (If driver is not the policyholder)  
Date & Time:

6/25/2018 10:37

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

## Sketch Plan Pg. 2

### SKETCH PLAN




### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

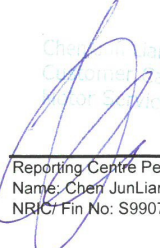
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### DECLARATION

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

  
6/25/2018 10:37  
Policyholder's Signature  
Date & Time:

  
6/25/2018 10:37  
Driver's Signature (If driver is not the policyholder)  
Date & Time:

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

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





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