

## 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	16/07/2018 12:28
Date Of Accident	14/07/2018 13:50
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS4653X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KAI MING
NRIC No	S9531550Z
Email Address	EREN@ASPRESS.COM.SG
Mobile Phone No	(LOCAL) +65-90270098
Alternative Phone No	OTHERS-90270098

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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	5101224010
Cover Note Number	CLASSIC

### Driver

Name of Driver	LEE KAI MING
NRIC No	S9531550Z
Date Of Birth	07/09/1995
Occupation	INDOOR
Date Of Driving Pass	31/10/2014
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90270098
Fax Number	
Contact Number	OTHERS-90270098
Email Address	EREN@ASPRESS.COM.SG

Address	BLK 7 ST. GEORGE'S LANE #06-237
Postcode	320007
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	-

#### General Information of the Accident

Type Of Accident	COLLISION - ROUNDABOUT
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)	4
Passenger 1	NAME: : DESMOND YAP GENDER: : MALE
Passenger 2	NAME: : JEGAN GENDER: : MALE
Passenger 3	NAME: : ZAHRA 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

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 Witness 1

Name	JEGAN
Phone Number	91876187
Email Address	

#### Details of Witness 2

Name	ZAHRA
Phone Number	90663094

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6667X
Vehicle Make/Model/Colour	HYUNDAI COMFORT TAXI BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

# Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Vehicle No: SJS4653X

Report Date & Start Time: 16/07/18 / 12:42

Report No: MT/ \_\_\_\_\_

D.O.A: 14/7/2018  
Time: 13:50 hrs

Make / Model KIA CERATO FORTE Reporting Type: TP

End Time: \_\_\_\_\_

## SKETCH PLAN

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### 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 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.



16/07/18 / 12:42

Policyholder's Signature / Date & Time

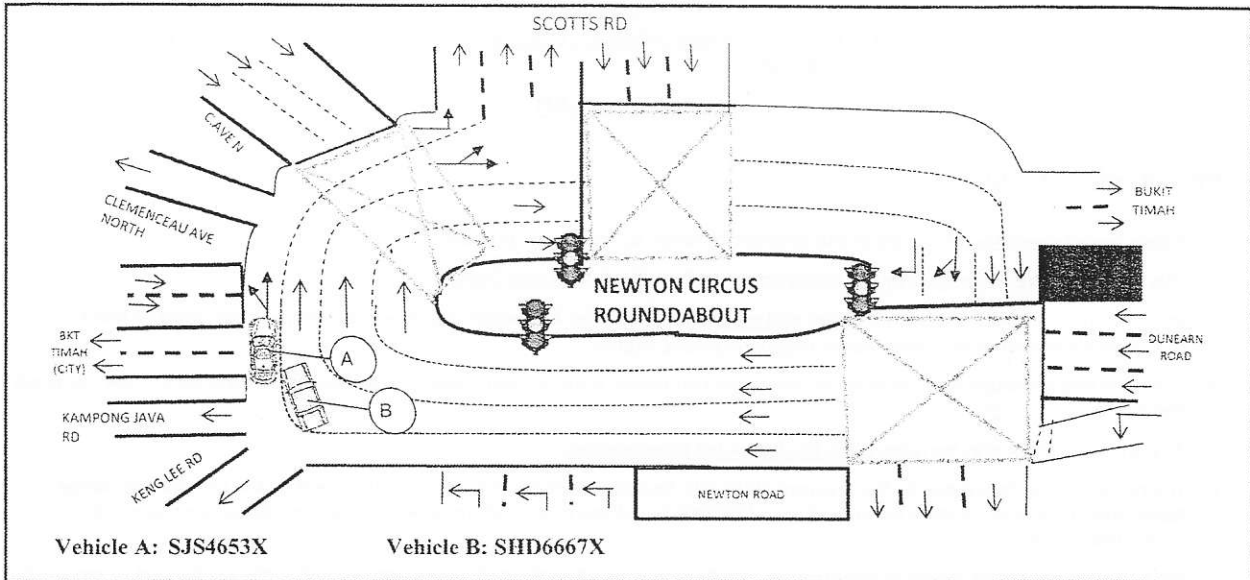
16/07/18 / 12:42

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

Thomas Chen (S098890)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the extreme left lane as getting ready to exit Clemenceau Ave North. Suddenly, Vehicle B collided onto the right rear side of my car. There are 2 Hitch passengers in my car and are willing to be my witnesses.

Declaration

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

7/16/2018 12:42

Policyholder's Signature / Date & Time

7/16/2018 12:42

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

Thomas Chen (S098890)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel