

## 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             | 31/07/2018 11:49                |
| Date Of Accident           | 31/07/2018 08:30                |
| Exact Location Of Accident | CTE (CITY) AFTER AMK AVE 1 EXIT |
| Country/State of Loss      | SINGAPORE                       |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SDT8659U             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ZHENG MIANYONG       |
| NRIC No                     | S8265813J            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-94889112 |
| Alternative Phone No        | OFFICE-94889112      |

### Vehicle Particulars

|                                                                              |             |
|------------------------------------------------------------------------------|-------------|
| Manufacturer                                                                 | TOYOTA      |
| Model                                                                        | VIOS J AUTO |
| 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? | YES         |
| If No, Please state action to be taken                                       |             |
| 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             | 5093622448                             |
| Cover Note Number         |                                        |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | ZHENG MIANYONG       |
| NRIC No              | S8265813J            |
| Date Of Birth        | 17/03/1982           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 05/08/2017           |
| Driving Experience   | 0 YEAR AND 11 MONTH  |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-94889112 |
| Fax Number           |                      |
| Contact Number       | OFFICE-94889112      |
| EEmail Address       | NOEMAIL              |

|                                                     |                                   |
|-----------------------------------------------------|-----------------------------------|
| Address                                             | BLK 862 YISHUN AVEBUE 4<br>#05-57 |
| Postcode                                            | 760862                            |
| 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 - CHANGE/CROSS LANE |
| 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

REFER TO STATEMENT.

#### 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         | XE3528P            |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      | KUMAR A/L NADESIN  |
| NRIC/Passport Number                | F8019782U          |
| Contact Number                      |                    |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) | 1                  |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SJR6784T |
|-----------------------------|----------|

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HARPREET SINGH SANDHU

NRIC/Passport Number

S8241679Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


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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:

- (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.

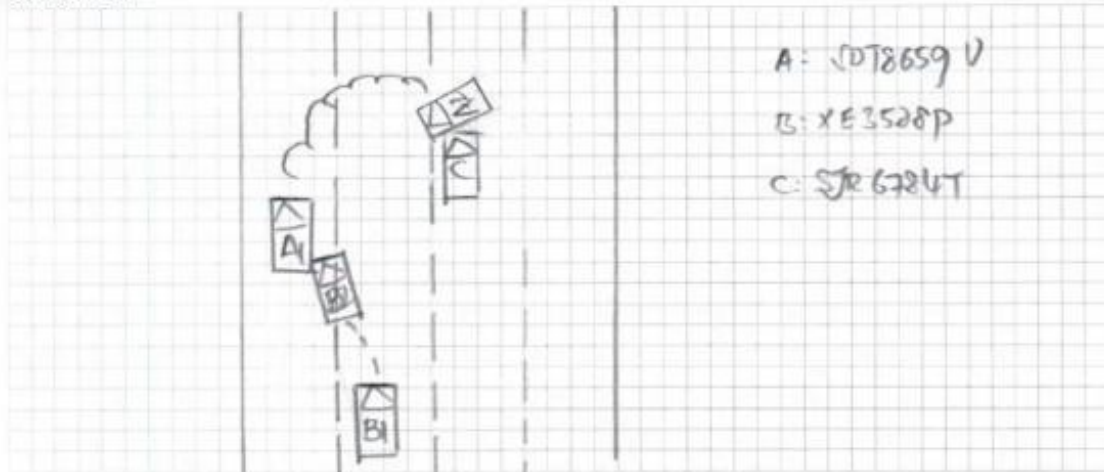
  
Policyholder's Signature  
Date & Time:

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

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


## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Spoken word.



The graph consists of a single blue curve drawn on a background of horizontal lines. The curve begins at approximately one-third of the way across the page and one-third of the way down. It rises with a decreasing slope, passing through the center of the page, and ends at approximately two-thirds of the way across the page and two-thirds of the way down. The curve is concave down, indicating a diminishing rate of increase.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

### Accident Sketch Plan

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 4 CTE (CITY) AFTER AMK AVE 1 EXIT. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 3 CUT ONTO MY LANE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION. AFTER AN IMPACT, VEHICLE B DID NOT STOP AND HIT ONTO MY VEHICLE RIGHT PORTION. VEHICLE B HIT MY VEHICLE TWICE. AFTER AN IMPACT, MY VEHICLE SPIN AND MOVED TO LANE 2. IN A RESULT, VEHICLE C HIT ONTO MY FRONT LEFT PORTION AND LEFT PORTION. VEHICLE C HIT ONTO MY VEHICLE TWICE.

Accident Photo





Accident Photo





Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





## Addendum Sheet

### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE** : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

#### ADDENDUM

##### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA110098725 Vehicle Registration No : SDT8659 U

Name(as shown in NRIC): ZHENB MIAWTONG

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

NRIC/Passport No : S82658133

Address : \_\_\_\_\_

Contact (Tel) : \_\_\_\_\_ (H/P) : 9480 9112

(Email) : \_\_\_\_\_

Date of Accident : 31/07/2018 Time of Accident : 08.30

Place of Accident : CTE (C47) AFTER AMK AVE 1 EXT

Insurance Company : NMC INCOME INSURANCE CO-OPERATIVE LTD

##### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND THE REPORT FROM THIRD PARTY CLAIM  
TO OWN DAMAGE CLAIM

x Cody

Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm