### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/07/2018 10:12
Date Of Accident	27/07/2018 15:50
Exact Location Of Accident	JUNCTION OF WOODLANDS DR 40 & WOODLANDS AVE 4
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC5137K
Insured/Policyholder	
Name Of Registered Owner	CHEONG KWEE YING
NRIC No	S2532794B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96918329
Alternative Phone No	OTHERS-96918329
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 TSI 1623Q5 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	5082772697-01
Cover Note Number	02/09/17 - 01/09/18
Driver	
Name of Driver	ZACCHEUS LEE KAI SEN
NRIC No	S9029770H
Date Of Birth	25/08/1990
Occupation	INDOOR
Date Of Driving Pass	17/07/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93861523
Fax Number	

SIAOKIA 1990@HOTMAIL.COM

Address BLK 767 WOODLANDS CIRCLE #08-338

Postcode 730767

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

-

NO

**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?

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) 5

Number of Passengers (including Driver)

Passenger 1 NAME: : FATHER

GENDER: : MALE

Passenger 2 NAME: : MOTHER

GENDER: : FEMALE

Passenger 3 NAME: : GIRLFRIEND

GENDER: : FEMALE

Passenger 4 NAME: : CHILD

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? NO

If Yes, against whom?

**Circumstances of Accident** 

On 27/07/18 at about 1550 hrs, I was driving along Woodlands Drive 4 towards Woodlands Street 83. There was a car whom was supposed to turn right change her mind to turn left and hit me, at that point of time I was going straight. After which she raised her arm to apologised to me and fled the scene. I then followed her trying to stop her, which I managed to do so along Woodlands Ave 4 beside 888 Plaza cross junction (Woodlands Drive 50, Woodlands Drive 42). I then asked her why did she flee and she said that she thought that she did not hit me. Initially we are on private settlement, however she is not willing to bear the cost as she mentioned to 'touch up' my car which is cheaper than respraying. I then mentioned that as such insurance claim will be easier and she agreed to it for me to claim against her insurance policy.

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 Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

CHAN FOONG LING

S6916456J

91795006

#### Sketch Plan

SKETCH PLAN

VEHICLE NO .: SKC 5137K

3.50 P.M

DATE & TIME: 27/7/16

IMPORTANT NOTICE DATE

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  interested parties.
- By the ladgment 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 ".
  - 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)

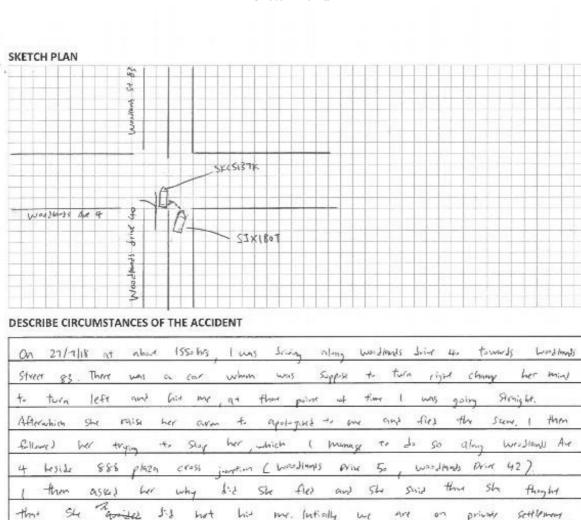
Date & Time: 3-/8/17

(NIC

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



the 1054 +-Shi +bene 54 ementioned 0.5 Willing change 15 than then that which mentions Charger? respraying E CHIMA as SULL. (nswan4 CHSIN agreed to aggins Claim insmuu Polity Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. DECLARATION I/We declare the foregoing particulars are true in every respect.

Driver's Signature

( ) Claim OD/TP at other workshop (

(If driver is not the policyholder)

Date & Time: 3-/7/18

Policyholder's Signature

6 ARMC SketchPlanform\_V3 ( ) Claim Own Policy

Date & Time:

Reporting Centre Personnel's Signature

(WL)

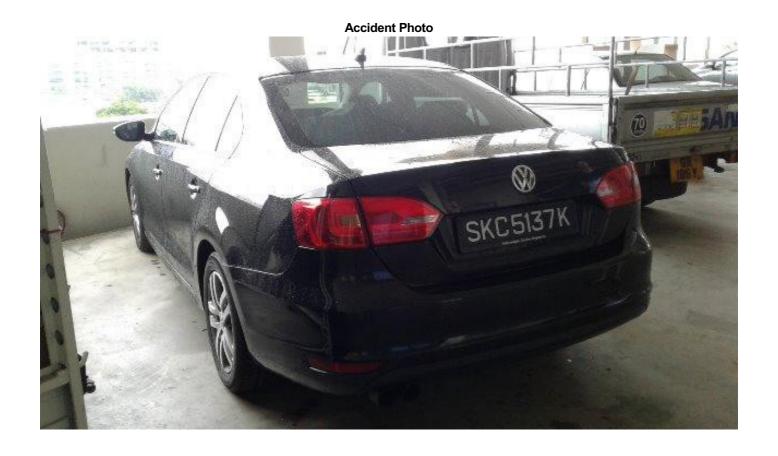
Name:

( ) Claim Third Party ( ) Reporting Only

NRIC/FIN No.:









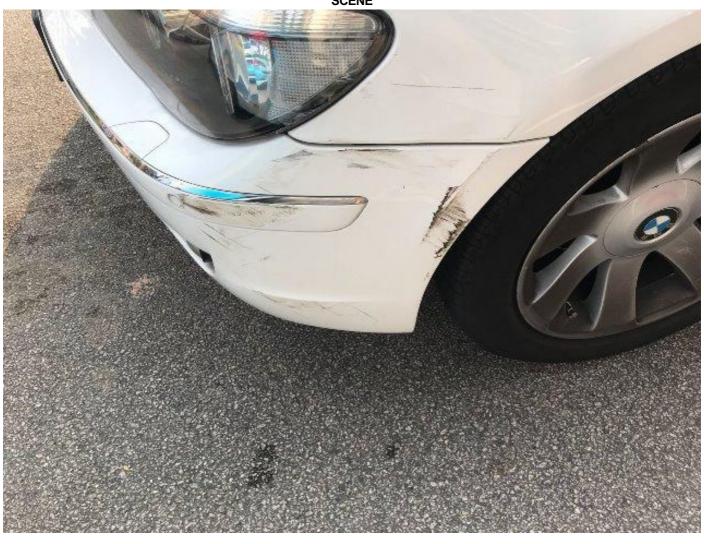
# **Accident Photo**







# **SCENE**



# **SCENE**

