

## 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	13/08/2018 10:12
Date Of Accident	12/08/2018 17:25
Exact Location Of Accident	ALONG QUEENSWAY TOWARDS FARRER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD663K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA TECK KHOON
NRIC No	S1573435C
Email Address	ENGSOONLOH@DYNACODE.COM.SG
Mobile Phone No	(LOCAL) +65-97890330
Alternative Phone No	OTHERS-94874712

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 G (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	REPORTING ONLY
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	5082232536-02
Cover Note Number	

### Driver

Name of Driver	LOH ENG SOON
NRIC No	S8604561C
Date Of Birth	25/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94874712
Fax Number	
Contact Number	OTHERS-97890330
E-Mail Address	ENGSOONLOH@DYNACODE.COM.SG

Address	BLK 105A DEPOT ROAD #10-613
Postcode	101105
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### 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
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

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	SLX3477U
Vehicle Make/Model/Colour	BMW X1
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PRABANDHAM KRISHNA PRIYA
NRIC/Passport Number	S7678728Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME:       :
	GENDER:     :

Passenger 2

NAME: :

GENDER: :

# Sketch Plan

## 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.

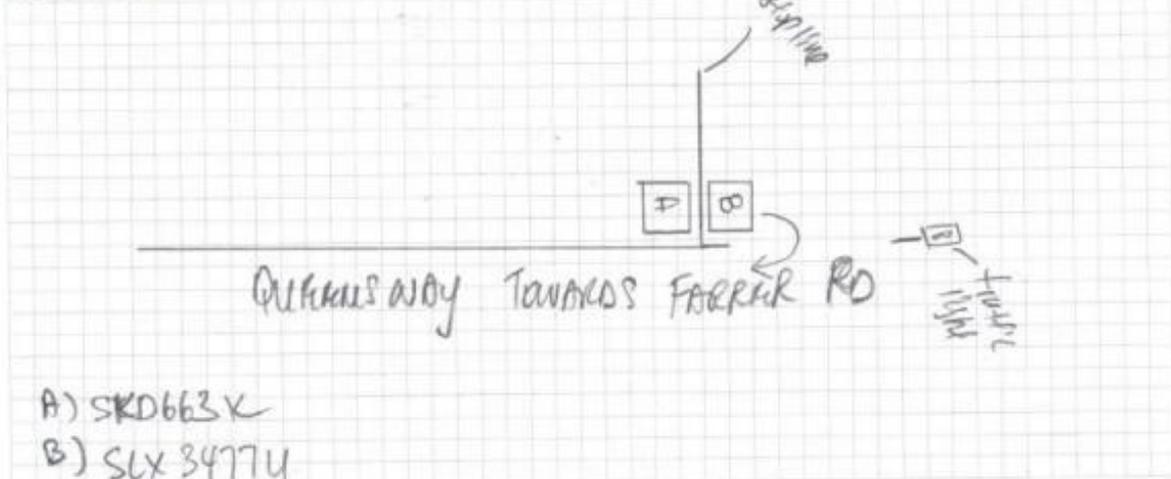
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

*[Signature]* 13/08/18 10.08am  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 13/08/2018  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.: *[Signature]*

Sketch Plan #2

SKETCH PLAN



- A) SKD663K
- B) SLX 3477U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/08/18 at 5:25pm, 3rd party vehicle was in front of me. We were both making a u-turn. Road was clear in front of her with traffic light showing green. 3rd party car was still moving forward on the stop line when the arrow was still showing green. Suddenly the traffic light turn amber and she E-brake to stop the car. At that point of time, her car was stop after the traffic stop line. I was unable to stop my vehicle in time and hit onto the back of her vehicle.

3rd party driver was doing Test Drive of the BMW X1. She seems to have little experience in driving or a new driver in Singapore. In the picture, 3rd party vehicle was stationary after the stop line.

DECLARATION

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

\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

*[Signature]* 13/08/18 1030am  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*[Signature]* 13/08/2018  
 Reporting Centre Personnel's Signature  
 Name: *[Signature]*  
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

