

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	06/08/2018 16:00
Date Of Accident	06/08/2018 07:40
Exact Location Of Accident	OUTSIDE 79 BEDOK TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV8696B
Insured/Policyholder	
Name Of Registered Owner	TAN LAY CHOO
NRIC No	S0234615Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97803579
Alternative Phone No	OTHERS-97803579

Vehicle Particulars

Manufacturer	NISSAN
Model	ALMERA-1.5 (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	5058559215-05 (PRE)
Cover Note Number	27/03/2018 - 26/03/2019

Driver

Name of Driver	TAN LAY CHOO
NRIC No	S0234615Z
Date Of Birth	21/04/1944
Occupation	INDOOR
Date Of Driving Pass	14/07/1969
Driving Experience	49 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97803579
Fax Number	
Contact Number	OTHERS-97803579
Email Address	NOEMAIL

Address	79 BEDOK TERRACE
Postcode	469238
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	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)	0

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 PARKED INFRONT OF MY RESIDENCE 79 BEDOK TERRACE ON 05/08/2018 (SUN) @ MORNING. EVERYTHING WAS NORMAL AND FINE WHEN I LOCKED AND LEFT MY VEHICLE. ON 06/08/2018 (MON @ 0740HRS, WHILE MY HUSBAND WAS SWEEPING THE ROAD (OUTSIDE MY HOME), HE SAW THAT VEHICLE B WAS MOVING FORWARD AND TRYING TO PARK INFRONT OF MY VEHICLE. WHILE HE WAS MOVING INFRONT OF MY VEHICLE, VEHICLE B REAR LEFT PORTION GRAZED ONTO MY PARKED VEHICLE FRONT RIGHT PORTION. NO ONE WAS INJURED.

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	GBB2233Y
Vehicle Make/Model/Colour	ISUZU PICKUP
Details Of Properties	REAR LEFT PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TOH SENG HUAT
NRIC/Passport Number	S1795659J
Contact Number	93665667
Address	CHIP ENG SENG CONTRACTORS (1989) PTE LTD 171 CHIN SWEE ROAD #12-01 CES CENTRE
Postcode	169877
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

Sketch Plan Pg. 1

NHTC Income Motor Service Center

Report No: MT

DOA

Vehicle No

Make Model

Report Date: 8/6/2018 Start Time: 4:10 PM

Reporting Type: TP

End Time:

SKETCH PLAN

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 liability.
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. 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 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 be 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 be 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 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.

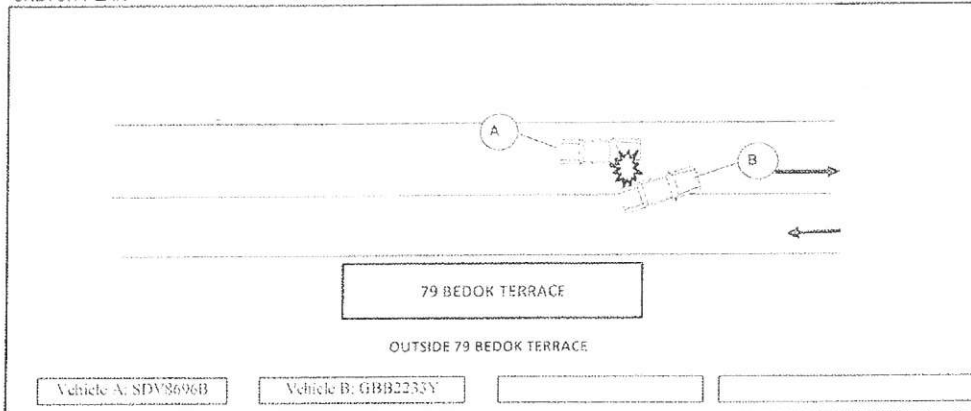

Policyholder's Signature
Date & Time: 8/6/2018 16:10

Driver's Signature (If driver is not the policyholder)
Date & Time: 8/6/2018 16:10


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

Sketch Plan Pg. 2

SKETCH PLAN

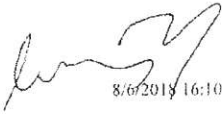


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

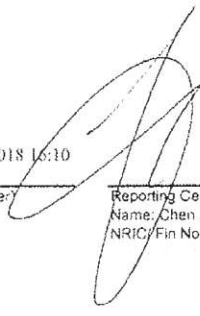
MY VEHICLE WAS PARKED INFRONT OF MY RESIDENCE 79 BEDOK TERRACE ON 05/08/2018 (SUN) ^{at} MORNING. EVERYTHING WAS NORMAL AND FINE WHEN I LOCKED AND LEFT MY VEHICLE. ON 06/08/2018 (MON) ^{at} 0740HRS, WHILE MY HUSBAND WAS SWEEPING THE ROAD (OUTSIDE MY HOME), HE SAW THAT VEHICLE B WAS MOVING FORWARD AND TRYING TO PARK INFRONT OF MY VEHICLE. WHILE HE WAS MOVING INFRONT OF MY VEHICLE, VEHICLE B REAR LEFT PORTION GRAZED ONTO MY PARKED VEHICLE FRONT RIGHT PORTION. NO ONE WAS INJURED.

DECLARATION

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


8/6/2018 16:10
Policyholder's Signature
Date & Time:

8/6/2018 16:10
Driver's Signature (If driver is not the policyholder)
Date & Time:


8/6/2018 16:10
Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/Fin No: S990765