

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	20/08/2018 15:45
Date Of Accident	19/08/2018 18:25
Exact Location Of Accident	ARDMORE PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV1694C
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Insured/Policyholder

Name Of Registered Owner	ONG CHING HSIEN, MARCIA
NRIC No	S8111969D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91016020
Alternative Phone No	OFFICE-91016020

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.4A

Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
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Type Of Coverage	COMPREHENSIVE
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Fleet Policy	NO
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Policy Number	5097204311
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Cover Note Number	
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Driver

Name of Driver	BENJAMIN SARAH HUANG DAIYUAN
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NRIC No	S8905767A
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Date Of Birth	14/02/1989
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Occupation	OUTDOOR
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Date Of Driving Pass	22/07/2008
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Driving Experience	10 YEARS AND 0 MONTHS
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Gender	FEMALE
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Mobile Number	(LOCAL) +65-93695440
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Fax Number	
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Contact Number	
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Email Address	SARAHBENJAMIN@GMAIL.COM
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Address 1 TOH YI ROAD
Postcode 596484
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - PARTNER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLISION - U-TURN
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? 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) 3
Passenger 1
NAME: : ONG CHING HSIEN, MARCIA
GENDER: : FEMALE
Passenger 2
NAME: : CHOW PEILING
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 ATTACHED SKETCH PLAN. CAR WILL BE REPAIR UNDER BOTAK DEE AUTO.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: PASS TO PREFERED WORKSHOP
Was there any audio recorded? NO

Details of Witness 1

Name ADDY
Phone Number 88200864
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7455P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver TAN TAI TIEN

NRIC/Passport Number

S1530245C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 regulatory, law or court orders.

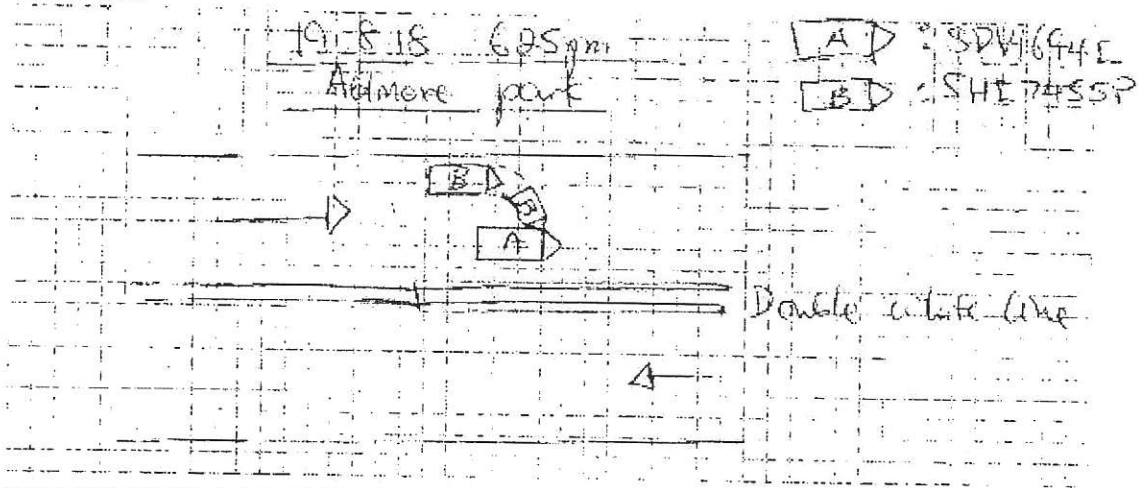
Policyholder's Signature
Date & Time

Insurer's Signature
(I driver is not the policyholder)
Date & Time 20/8/2018

Reporting Centre Formwork's Signature
Date
20/8/2018

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 19.8.18 at about 6.25pm
 I was driving along Admore park.
 I was traveling straight in my own lane
 at a safe speed. The taxi SHE745SP
 suddenly made an illegal U-TURN
 and hit my car, causing damages to
 my car.

There were 2 passengers in my car at the time of
 the accident. Their names are below.
 Front passenger seat: Ong Lany Hsen Hsien
 Back seat: Chaw Peeling

* I have video footage.

* preferred workshop Budget Dee Auto.

DECLARATION

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

Policyholder's Signature
 Date & Time:

Driver's Signature
 I declare I am the policyholder
 Date & Time: 22/10/2018

Reporting Constable/Police's Signature
 Name:
 LRIC/TIR No.: