

## 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	27/08/2018 09:17
Date Of Accident	26/08/2018 20:55
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDK2485R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG GIM YAM (HONG JINYAN)
NRIC No	S7246483D
Email Address	LAWRENCEANG75@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-86922387
Alternative Phone No	OFFICE-86922387

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0083752126-14
Cover Note Number	02/05/2018 - 01/05/2019

### Driver

Name of Driver	ANG GIM YAM (HONG JINYAN)
NRIC No	S7246483D
Date Of Birth	08/12/1972
Occupation	INDOOR
Date Of Driving Pass	02/02/1994
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86922387
Fax Number	
Contact Number	OFFICE-86922387
EMail Address	LAWRENCEANG75@YAHOO.COM.SG

Address	BLK 326C ANCHORVALE ROAD #09-282
Postcode	543326
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)	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

I WAS DRIVING STRAIGHT ALONG MY LANE WHEN VEHICLE B CUT INTO MY LANE ABRUPTLY AND HIT INTO THE RIGHT PORTION OF MY VEHICLE.

#### 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	SHD298S
Vehicle Make/Model/Colour	TRANSCAB TAXI
Details Of Properties	LEFT PORTION
Vehicle Category	TAXI
Name of Driver	LAU NGI MAU
NRIC/Passport Number	S2014082H
Contact Number	94485374
Address	BLK 531 JELAPANG ROAD #17-11
Postcode	670531
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Sketch Plan Pg. 1

NHTC Inland Motor Service Centre

Report No: ME

D.O.V

Vehicle No

Make Model

Report Date: 8/27/2018 Start Time: 9:14 AM

Reporting Type: TP

End Time:

### SKETCH PLAN

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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/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 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.



8/27/2018 9:13

Policyholder's Signature  
Date & Time:

8/27/2018 9:13

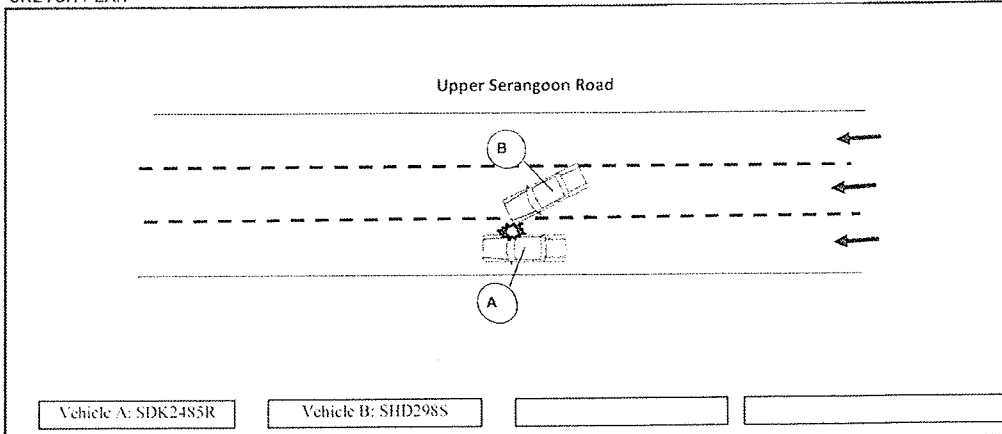
Driver's Signature (If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name: Eric Woo Jun Kiat  
NRIC/ Fin No: S992753

Sketch Plan Pg. 2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

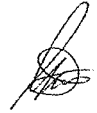
I WAS DRIVING STRAIGHT ALONG MY LANE WHEN VEHICLE B CUT INTO MY LANE ABRUPTLY AND HIT INTO THE RIGHT PORTION OF MY VEHICLE.

DECLARATION

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

  
8/27/2018 9:13  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

8/27/2018 9:13  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder)  
Date & Time:

  
8/27/2018 9:13  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Eric Woo Jun Kiat  
NRIC/ Fin No: S992753