

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	01/09/2018 10:43
Date Of Accident	31/08/2018 19:05
Exact Location Of Accident	DRIVEWAY TANG PLAZA & SCOTT SQUARE TWDS SCOTT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4398A
Insured/Policyholder	
Name Of Registered Owner	TWINCAR RNTAL
Co Reg No	53092815M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98516322
Alternative Phone No	OFFICE-98516322

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091600855-01
Cover Note Number	

Driver

Name of Driver	STEVEN TAN SEOW JIN
NRIC No	S1379785D
Date Of Birth	15/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	10/01/1981
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98516322
Fax Number	
Contact Number	OFFICE-98516322
EEmail Address	NOEMAIL

Address	BLK 328 HOUGANG AVENUE 5 #13-204
Postcode	530328
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	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	
Was any body injured in the Accident?	YES
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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5015U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN CHIOK HOONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	STEVEN TAN SEOW JIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLP4398A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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.

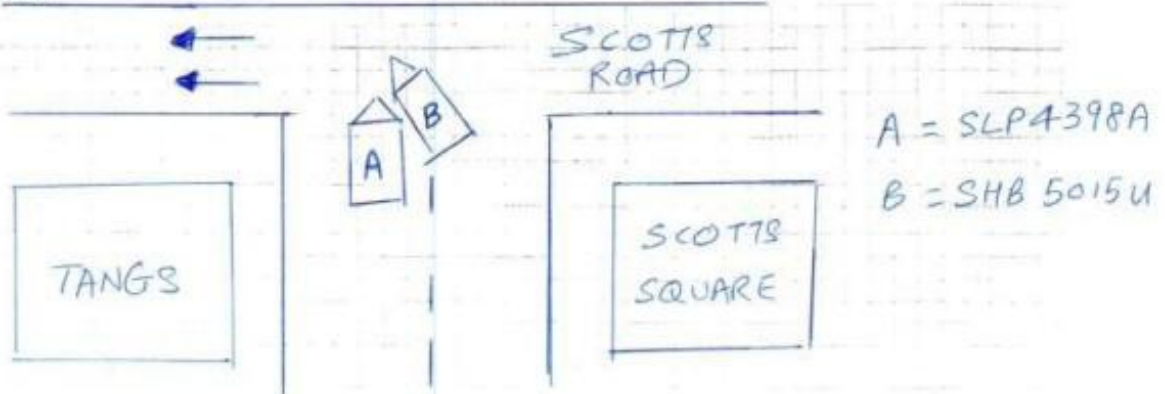

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 31/8/2018 about 7:04pm, after I alighted a passenger at Marriott Hotel, I proceeded to exit. As I was approaching the exit onto Scotts Road, I stopped my vehicle (SLP4398A) on the left lane of a 2 lane driveway just before Scotts road. Vehicle B (SHB 5015U) suddenly made an extreme left turn and hit onto my vehicle. I tried to horn and warn him but he turned too fast and was unable to avoid the collision. After the collision, driver of vehicle B tried to reverse his car. We both came out to inspect our cars. We took photos and exchange particulars.

On 1/9/2018, I went to make an accident report. I woke up feeling stiffness on my neck and right shoulder. I will be consulting a doctor for my injury.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



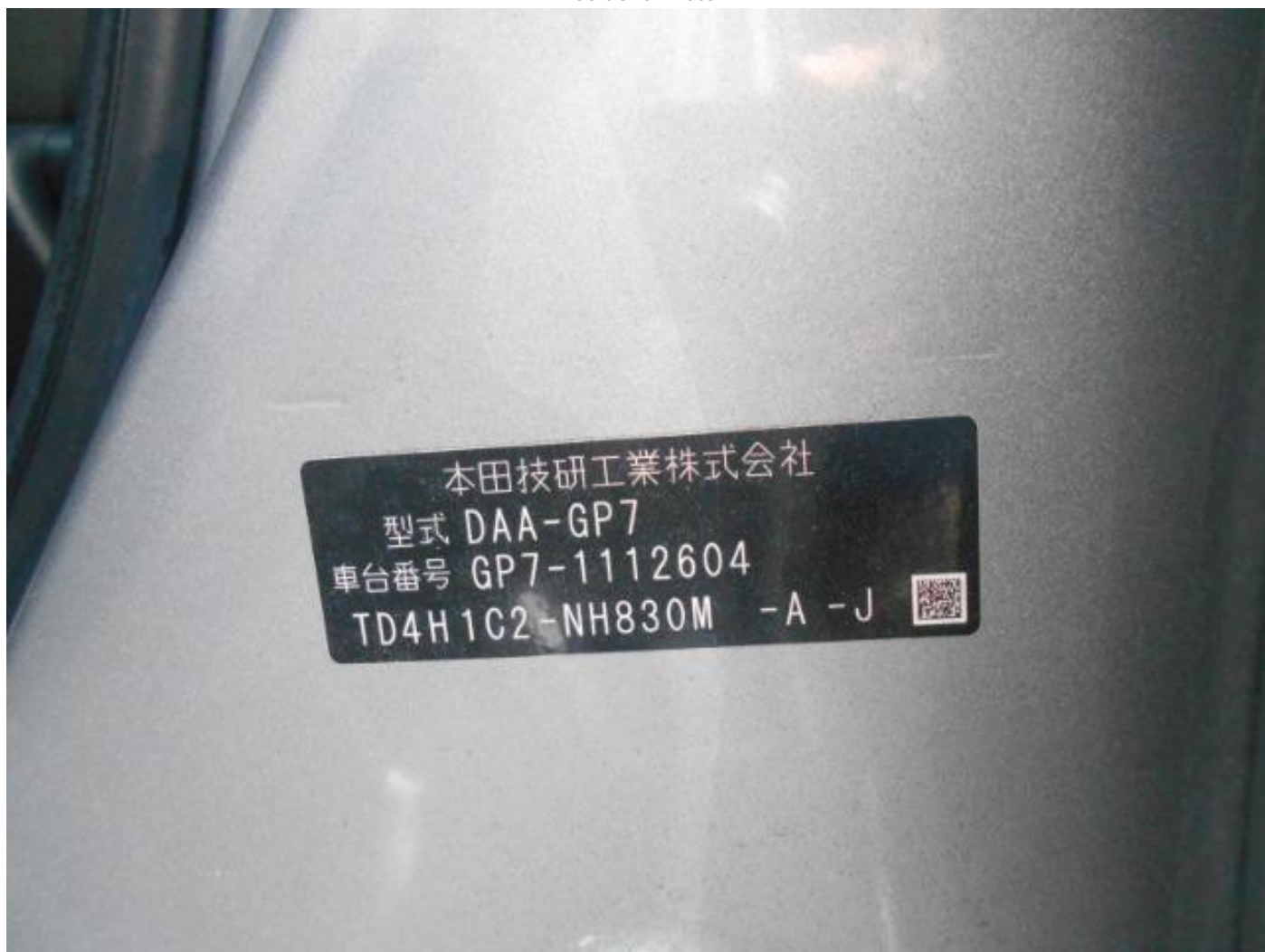
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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S645500206 / GST Reg. No.: NA00017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SLP 4398A
 Name (as shown on NRIC): STAN TAN SOW JIN NRIC/FIN/Passport No : S 1377725-D
 (*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address: BLK 328, HOUGA AVE 5 # 13-20X (S30328) Singapore
 Contact (Tel) : 98516322 Mobile No. : _____
 Email Address : supermantan@yaho.com.sg
 Date of Accident : 31/08/18 Time of Accident : 19.04 pm.
 Place of Accident : 5077 RD
 Insurance Company: N7UL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TIME OF ACCIDENT IS 19.04 pm AND
NOT 17.04 pm
WISH TO AMEND THE TIME OF ACCIDENT
TO 19.04 pm.

Policyholder / Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____