

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	29/08/2018 10:37
Date Of Accident	17/08/2018 22:10
Exact Location Of Accident	OUTRAN ROAD TOWARDS CANTONMENT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5308Y
Insured/Policyholder	
Name Of Registered Owner	CHUA WEN YU JEAN
NRIC No	S1823366E
Email Address	TIGERTAY8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92713135
Alternative Phone No	OTHERS-93696118

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200 BLUEEFFICIENCY
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	5100297288
Cover Note Number	

Driver

Name of Driver	TAY CHOK LENG, TIGER
NRIC No	S1557443G
Date Of Birth	19/07/1962
Occupation	INDOOR
Date Of Driving Pass	10/02/1984
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93696118
Fax Number	
Contact Number	OTHERS-92713135
Email Address	TIGERTAY8@GMAIL.COM

Address	BLK 110 SPOTTISWOODE PAR K ROAD #08-89
Postcode	081110
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : SON GENDER: : MALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3007L
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAW WENG CHUEN
NRIC/Passport Number	
Contact Number	98177854

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

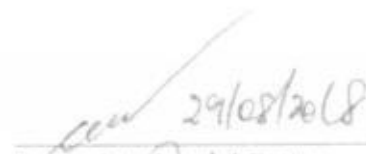
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

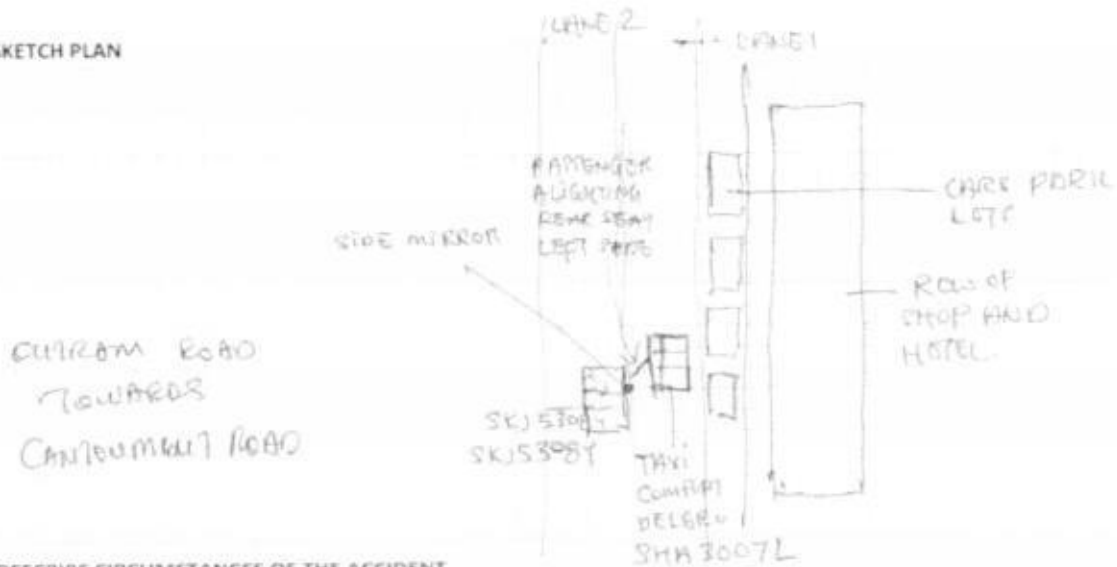

Policyholder's Signature
Date & Time: 29/8/18
10.43am


Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/7/18
10.43AM


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON DATED 17/8/18, FRIDAY AT ABOUT 10.07 PM, I WAS DRIVING VEHICLE SKJ 5308Y ALONG OUTRAM ROAD TOWARDS CANTONMENT ROAD, I WAS DRIVING AT LANE 2 AT ABOUT 25 KM/H. I SAW A MERCEDES UNDER COMFORT DELERO CAR NUMBER SHA 3007L STOP AT LANE ONE, AS I SLOW DOWN TO MY VEHICLE, I HEARD A LOW BANG AGAINST MY VEHICLE, I THEN REALISE MY DRIVER SIDE MIRROR WAS HIT BY A PASSENGER ALIGHTING THE COMFORT DELERO LEFT SIDE PASSENGER SEAT. THE PASSENGER IS A TOWING AND HE WAS TRYING TO ALIGHT THE REAR STD OF THE LEFT SIDE OF THE TAXI COMFORT DELERO.

WE ATTACHED SOME IMAGES OF THE ACCIDENT TOOK PLACE, WITH THE PASSENGER TRYING TO FIX UP MY DRIVER SIDE MIRROR FOR PERLIPAL.

DECLARATION

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

Jeans
Policyholder's Signature

Date & Time:
29/8/18
11.05 am

Jeans
Driver's Signature
(If driver is not the policyholder)

Date & Time: 29/8/18
11.05 am

29/8/2018
Reporting Centre Personnel's Signature
Name: *Abdul Wahab*
NRIC/TIN No.: