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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	06/09/2018 11:45
Date Of Accident	05/09/2018 12:20
Exact Location Of Accident	TELOK BLANGAH ROAD (LANE TURNING INTO VIVOCITY)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ7807K
Insured/Policyholder	
Name Of Registered Owner	CHEW DONALD
NRIC No	S1274305Z
Email Address	CHEWBRAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97494510
Alternative Phone No	OFFICE-97494510
Vehicle Particulars	
Manufacturer	AUDI
Model	Q3 2.0 TFSI QU (170BHP)
Exact Purpose for which vehicle was being used at time of accident	GOING TO LUNCH
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	5101090103
Cover Note Number	
Driver	
Name of Driver	CHEW DONALD

Name of Driver CHEW DONALD

NRIC No S1274305Z

Date Of Birth 01/07/1957

Occupation INDOOR

Date Of Driving Pass 11/04/1980

Driving Experience 38 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97494510

Fax Number

Contact Number OFFICE-97494510

EMail Address CHEWBRAT@GMAIL.COM

Address BLK 205 PASIR RIS STREET 21

#09-378

Postcode 510205

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 COLLISION - HEAD TO REAR

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?

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJY9013D

Vehicle Make/Model/Colour KIA CERATO FORTE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SHERLIN TEO XUE LIN

NRIC/Passport Number S8939035D Contact Number 91390787

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
- 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.
- 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT			
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	ars are true in every respect. Driver's Signature (If driver is not the policyholde	A	porting Centre Personny	Soll,







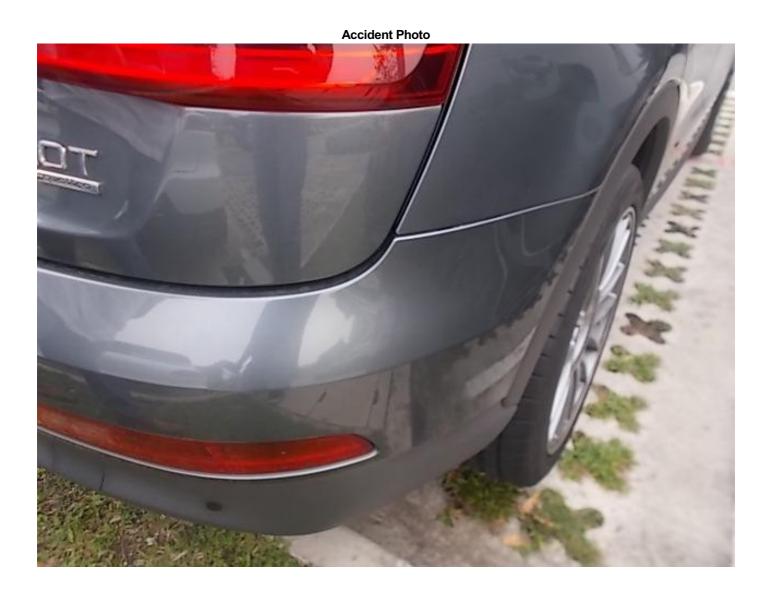


















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

with whom you submitted the Original Report, ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNAY18 _Vehicle Registration No: 5K57807 Name(as shown in NAIC): CHEW DONALD NRIC/FIN/Passport No : 5 1274305 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Dasir Ris St 21 # 09-376 Singapore (570205 Address Contact (Tel) Mobile No.: 97494510 chewbrat @gmail.com Email Address Date of Accident Telok Blansah Place of Accident : Road ATUC Income Insurance Company: (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Reporting Centre Personnel's Signature Policyholder / Orlver's Signature Name: Date: 6/9/18 NRIC/FINAL

Date: