

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 G.A. Records Management Centre established by the General Insurance Association of Singapore (G.I.A.) 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 as aforesaid.

ACCIDENT STATEMENT

Date Of Report: 11/09/2018 17:35
 Date Of Accident: 11/09/2018 13:55
 Exact Location Of Accident: SLIP ROAD OF CTE EXIT TOWARDS BUKIT MERAH
 Country/State of Loss: SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SLN7500L
 Insured/Policyholder:
 Name Of Registered Owner: TAN KUANG HUA
 NRIC No: S0164147F
 Email Address: NOEMAIL
 Mobile Phone No: (LOCAL) +65-97513225
 Alternative Phone No: OFFICE-97513225
 Vehicle Particulars:
 Manufacturer: HYUNDAI
 Model: ELANTRA
 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: 5091347880-01
 Cover Note Number:
 Driver:
 Name of Driver: TAN KUANG HUA
 NRIC No: S0164147F
 Date Of Birth: 18/05/1948
 Occupation: INDOOR
 Date Of Driving Pass: 11/10/1971
 Driving Experience: 46 YEARS AND 11 MONTHS
 Gender: MALE
 Mobile Number: (LOCAL) +65-97513225
 Fax Number:
 Contact Number: OFFICE-97513225
 Email Address: NOEMAIL

Address BLK 408C #24-10 FERNVALE ROAD CORAL VALE
Postcode 793408
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 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) 2
Passenger 1 NAME: TENG WENG PEAH (WIFE) 61826773
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 STATEMENT (ATTENDED BY: JAMES NG)

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

Vehicle Registration Number GBF345A
Vehicle Make/Model/Colour HYUNDAI ELANTRA / WHITE
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver ARULANDU ALEXANDER
NRIC/Passport Number 033824815
Contact Number 98175912 / 65530985
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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 Authorized Driver
3. Information provided must be true, truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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 to the insurers of the GIA Records Management Centre established by the Government of Singapore (GRC) for providing and maintaining the report will for a fee be made available upon request to the interested parties
7. By the submission of this report to the insurers, you hereby consent to the archiving of this report at the insurer and to copies of the report being made available if needed
8. Consent under the Personal Data Protection Act (PDPA)

[illegible]

For processing the information, the design requires many classes, including the collection of the data and the necessary event-handling routines to the other classes.

doi:10.1017/S0022292412001616

For more information on the above, please contact the author at arshad@maths.usyd.edu.au.

1. *Journal of Management Education*, 31(1), 10-11. doi:10.1177/0095647206293441

(4) complying with applicable law, administrative proceedings, and/or dealing with any claims against any third party.

(c) all insurer(s) who have insured vehicle(s) involved in the accident and the insurer's law firm/law firm's employee(s) who, after the tort fact, use, discuss and/or produce any personal information for one or more of the above purposes; and

(f) my Personal Information may/can be disclosed by any of the individuals and/or GIA to their third party service providers or companies including the client or their agents, who may have a need/knowledge of Singapore, for one or more of the above purposes.

(3) 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

(b) the information so collected under (d) above may be shared / disclosed:

(b) to all insurers and/or any other third party as may 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:

11 SEP 2018

Diver's Signature _____

(if driver is not the policyholder)

Case 1: $\alpha = 0$

Accounting Centre Director's Signature _____

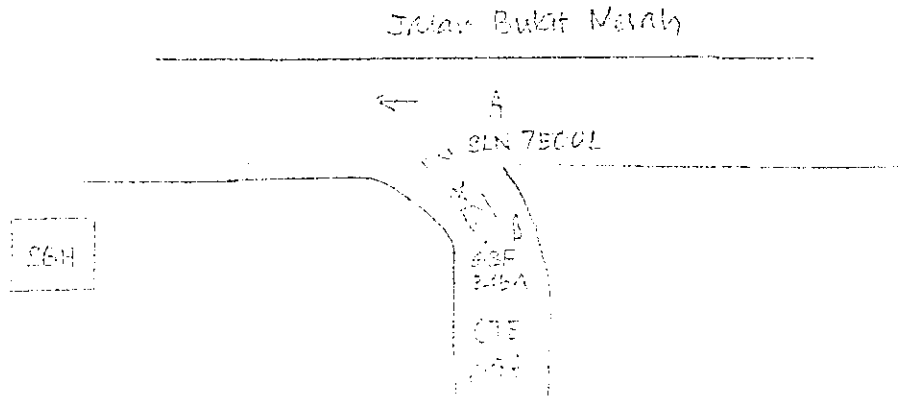
1999

NG WING KIN JAMES

NR/CEN No. _____

S7927381E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happened this afternoon (Tuesday 11/9/2018) at about 1.55pm.

My vehicle no. SLN 7500L was stationary at the slip road of the CTE exit waiting for traffic to clear before moving out onto Jalan Bukit Merah. Vehicle no. GBF 345A which was behind collided into the back of my vehicle. The driver of vehicle no. GBF 345A cited that he was looking out for traffic on Jalan Bukit Merah; he didn't notice that my vehicle was still ahead and stationary.

No one suffered any injuries.

DECLARATION

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

Police/holder's Signature

Date & Time: 11 SEP 2018

5.00 pm

Driver's Signature

(if driver is not the police/holder)

Date & Time:

Reporting Centre Personnel's Signature

Name

LTIC/FIN No.

NG WING KIN JAMES

S7927801E

