

## 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	20/09/2018 17:29
Date Of Accident	19/09/2018 18:05
Exact Location Of Accident	PASIR RIS DR 12 SLIP RD TO TPE/SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN8031D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PHOON YING JIAN
NRIC No	S9107592Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92966056
Alternative Phone No	OFFICE-92966056

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	5100598477
Cover Note Number	-

### Driver

Name of Driver	PHOON YING JIAN
NRIC No	S9107592Z
Date Of Birth	24/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-92966056
Fax Number	
Contact Number	OFFICE-92966056
EEmail Address	NOEMAIL

Address	BLK 544 HOUGANG AVE 8 #14-1257
Postcode	530544
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 - CHANGE/CROSS LANE
Weather Conditions	AFTER RAINED
Road Surface	WET

#### 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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : UNKNOWN
	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 ATTACHED STATEMENT.

#### 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	SJW1938Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SIEW WOON
NRIC/Passport Number	S6834083G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

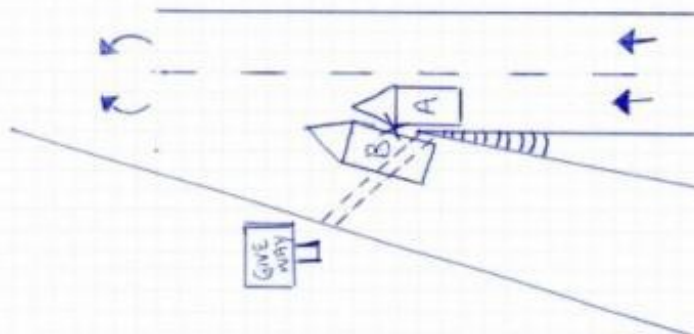
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Accident Sketch Plan

### Describe Circumstances of the Accident

ON THE STATED DATE & TIME. I WAS TRAVELING ON MY  
RIGHTFUL WAY. I WAS MOVING FORWARD IN MY LANE, ALL OF A  
SUDDEN VEHICLE "B" DID NOT SIGNAL FROM THE LEFT SIDE GIVE WAY  
ROAD AND ABRUPTLY SWING ONTO MY LANE. I HAD NO WAY TO  
STOP IN TIME. VEHICLE "B" RIGHT PASSENGER DOOR HITS ONTO  
MY LEFT FRONT FENDER /- MIRROR AND BUMPER, SHE SAW IT BUT  
DID NOT STOP AND SHE MOVED IN FRONT OF MY VEHICLE. SHE  
ALIGHTED AND SAY SHE WAS IN THE HURRY, SO WE EXCHANGE  
OUR PARTICULAR AND CONTACT. I WOULD LIKE TO STATED THAT MY  
VEHICLE DID NOT MOVE AFTER THE ACCIDENT. PHOTO IS SUBMIT.

### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



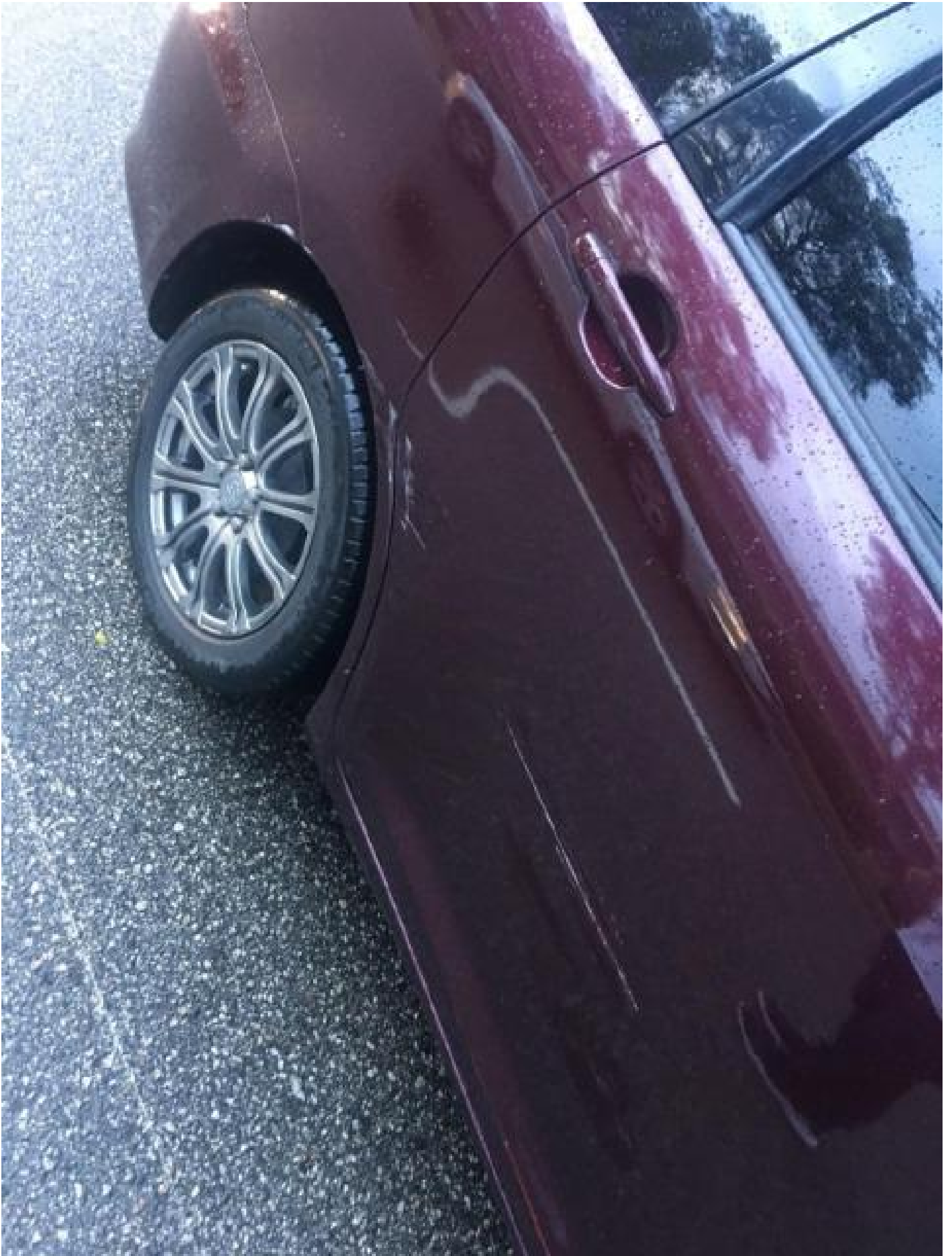


Accident Photo





Accident Photo



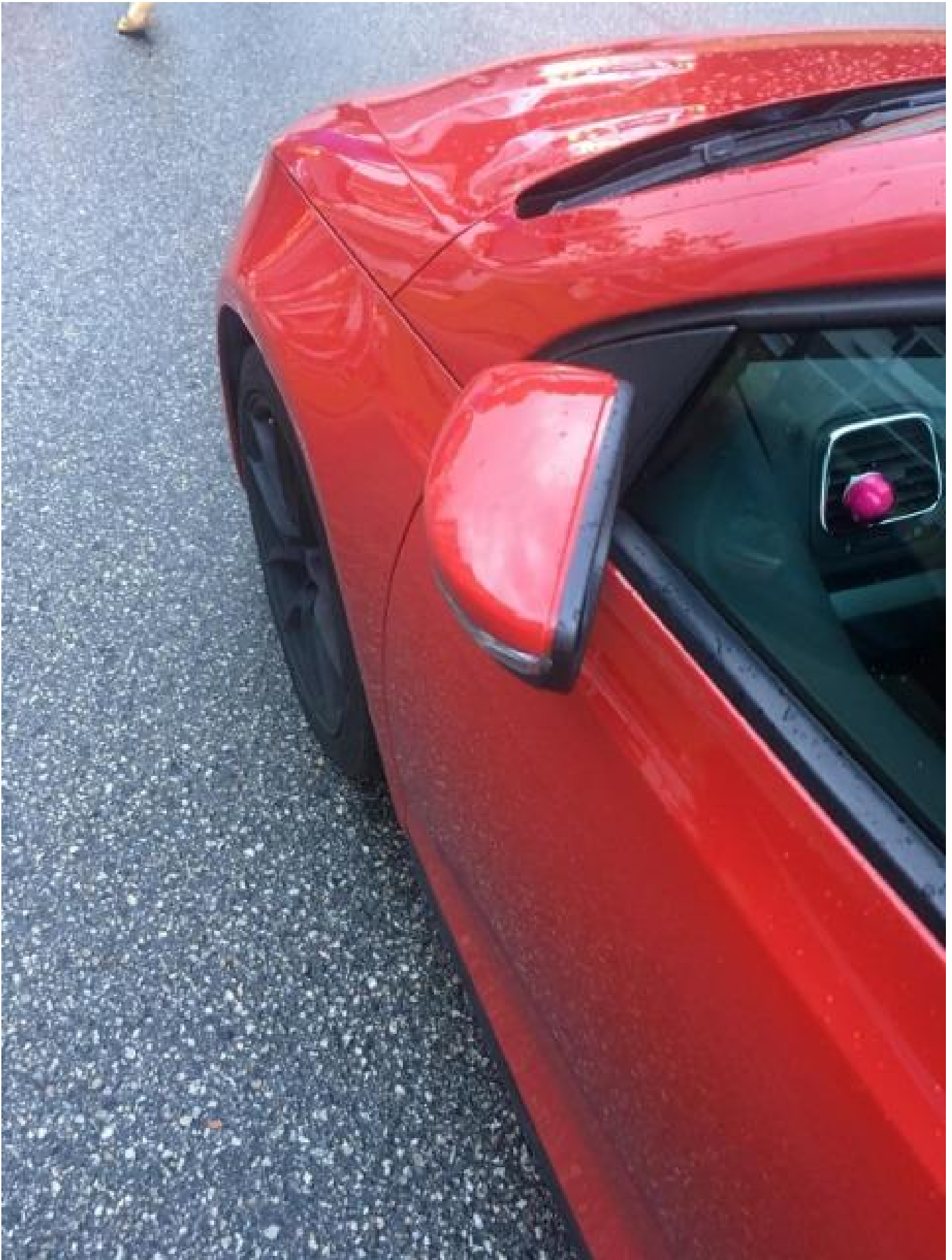
Accident Photo



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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: S66550020G / GST Reg. No.: M400017735

**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 : MNA118122296 Vehicle Registration No: SKN80310  
 Name (as shown in NRIC) : PHOON YING JIAN NRIC/FIN/Passport No : 591075922  
 (\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : BLK 544 HOUGANG AVE 8 #14-1257 Singapore ( 530544 )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 92966056  
 Email Address : \_\_\_\_\_  
 Date of Accident : 19/09/18 Time of Accident : 18:05  
 Place of Accident : PASIR RIS DR 12 SLIP RD TO TPG/SLC  
 Insurance Company : NTUC

**(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:

ADD IN SCENE PHOTOS

\_\_\_\_\_  
 Policyholder / Driver's Signature

Date: 21/09/18

\_\_\_\_\_  
 Reporting Centre Personnel's Signature

Name:  
 NRIC/FIN No.:

Date: 21/9/18