SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 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 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	24/09/2016 10:41	
Date Of Accident	23/09/2016 17:10	
Exact Location Of Accident	SIMEI AVE / SIMEI ST 3 (NEAR CGH)	
Country/State of Loss	Singapore	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE557S	
Insured/Policyholder		
Name Of Registered Owner	ANG CHIN YANG, DARREN (HONG QINYANG)	
NRIC No	S8710422B	
Email Address	darren.acy@gmail.com	
Mobile Phone No	(LOCAL) +65-91855292	

Others-91855292

Alternative Phone No Vehicle Particulars

Manufacturer ALFA ROMEO

Model ALFA 159 2.2JTS.SELESPEED

Exact Purpose for which vehicle was being used

at time of accident

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 5081947154 CLASSIC

Cover Note Number

Driver

Name of Driver ANG CHIN YANG, DARREN (HONG QINYANG)

NRIC No S8710422B

Date Of Birth 15/04/1987

Occupation Indoor

Date Of Driving Pass 12/07/2006

Driving Experience 10 Years And 2 Months

Gender Male

Mobile Number (Local) +65-91855292

Fax Number

Contact Number Others-91855292
EMail Address darren.acy@gmail.com

Address BLK 206 PASIR RIS ST 21 #05-368

Postcode 510206

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 Side Swipe- Same Direction

Weather Conditions Clear Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? Yes

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN ATTACHED. ATTENDED BY AINI

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF62R

Vehicle Make/Model/Colour TOYOTA HIACE VAN TURBO 5 DR MANUAL

2

Details Of Properties

Name of Driver CHAN BING HUA DOUGLAS

NRIC/Passport Number S8625752A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number Email Address

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the 国的文 RYA (VAC)

7 4 SEP 2016

23 Kaki Bukit Ave 4 Singapore 415933

Tel: 67416697 Fax: 67492305 Email: vackb@singnet.com.sg

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the	e Accident
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I was driving along Simei Avenue, going straight on the middle lane.
AC I was approaching the junction, the DHL vehicle, GBF62R decided
I was driving along Simei Avenue, going straight on the middle lane. As I was approaching the junction, the DHL venicle, GBF62R decided to cut into my lane.
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It was still green light and all the cars around me was still moving.
So wert when I saw him cut abruptedly into my lane, I gave horned
him and had to swerve slighty to the left to avoid a collision.
It was still green light and all the cars around me was still moving. So wern when I saw him cut abruptedly into my lane, I gave horned him and had to swerve slightly to the left to avoid a collision. I then continue forward and slowly made my way into Back into the middle lane. However, even after making him aware that my vehicle was there, he continued at his current speed and ended up hitting my car on the cight mak
lane However, even after making him aware that my vehicle was there.
he continued at his current speed and ended up hitting my car on the
right back.
We both Alighted took pictures and exchanged details before moving on.
*car camera caught the incident.

Declaration

IWe declare the foregoing particulars are true in every respect.

2 4 SEP 2016

Policyholder's Signature V Date & Time

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 Singapore 415933 Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Witnessed by Reporting Centre Personnel











