

## 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 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 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	15/10/2018 10:59
Date Of Accident	13/10/2018 09:15
Exact Location Of Accident	TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2145T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97982180
Alternative Phone No	OFFICE-97982180

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103424803
Cover Note Number	

### Driver

Name of Driver	TAN HOCK CHYE
NRIC No	S1694185I
Date Of Birth	21/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	04/02/1988
Driving Experience	30 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97982180
Fax Number	
Contact Number	OTHERS-97982180
EEmail Address	NOEMAIL

Address	343 CHOA CHU KANG AVENUE 3 #12-25
Postcode	689875
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
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?	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)	1

#### 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

PLS REFER TO THE 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	SLW8282L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please read carefully the terms of the accident to which this form relates.
2. This form must be completed by the participant and by the authorized driver.
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may constitute an offence under the Road Traffic Act 1960.
4. The driver and participant of this form by signing, undertake to not be involved in any litigation in the past or the future.
5. Any form submitted must be referred to the Police for investigation.
6. This form will be forwarded to the Director of the Civil Aviation Management Service established by the National Insurance Commission of Singapore (NIC) for archiving and that copies of this report will be referred to the relevant authorities for investigation.
7. By the completion of this report by the insured, you hereby consent to the authority of this report of the police and/or other of the report being made available to the public.
8. I consent under the Personal Data Protection Act (PDPA)

(understand, acknowledge, agree and consent that)

(I) My insurer, my employer and the National Insurance Commission of Singapore (NIC) may use personal information collected and/or provided by me or disclosed by my insurer (hereinafter the "Personal Information") and disclose and transfer such personal information to all persons who have received information in this accident (the "Insured"). The Insured (hereinafter the "Insured") may use the Personal Information of Singapore and its insurer (hereinafter the "Insured") for the purpose of:

- (a) processing, handling and dealing with the claims including the settlement of the claims and any necessary investigation relating to the claims;
- (b) investigating the accident and/or my claims;
- (c) carrying out and/or dealing with my claims or in respect of my claims;
- (d) administering my claims including the handling of correspondence, statements, reports or claims to the relevant third parties (including the handling of correspondence, statements, reports or claims to the relevant third parties of my insurer);
- (e) complying with applicable law in administering, processing, handling and/or dealing with the claims including the "Personal Information";
- (f) an insurance policy which is issued or provided to this accident and the Insured (hereinafter the "Insured") and/or the Insured, and the Insured may provide my Personal Information for one or more of the above purposes;
- (g) my Personal Information may be disclosed to any of the Insured and/or to the third party (hereinafter the "Insured") for the purpose of my claims (hereinafter the "Insured") which may be used by the Insured for the purpose of my claims;
- (h) my Personal Information will also be collected and used to complete claims for the purpose of my claims, investigation and management of present and all future claims;
- (i) the information so collected under (b) above may be shared with:
- (j) for all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing funds, regulations, law enforcement and government agencies as reasonably required for the purposes stated, or
- (k) for compliance with requirements under any regulations, law or court orders.



Date & Time

Driver's Signature  
or print the participant's  
Date & Time

Reporting Centre Manager's Signature  
Name  
NIC Code No.

## Sketch Plan #2

SKETCH PLAN

Tray Area Road      Tray Center Road

→

A - SHERIDAN  
B - NEW BRIDGE


UNUSUAL CIRCUMSTANCES OF THE ACCIDENT

Car A - on right hand Tray Center Road and going south  
Car B - on left hand Tray Center Road and going north

Car B - car B driver from car A and driver from car B

DECLARATION

I hereby certify that the foregoing information is true to the best of my knowledge.

 State of New Jersey  
Date: 1/1/2018

Driver's Signature  
(If driver is not the undersigned)  
Date: 1/1/2018

Reporting Officer's Signature  
Date: 1/1/2018

1/1/2018

Accident Photo



Accident Photo





Accident Photo



Accident Photo





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