

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 20:36
Date Of Accident	14/10/2018 07:00
Exact Location Of Accident	STADIUM WALK SLIP ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4910T
Insured/Policyholder	
Name Of Registered Owner	OR YUECHANG, STEPHANIE
NRIC No	S8633180B
Email Address	STEF.OR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96719682
Alternative Phone No	OTHERS-96719682

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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?	YES
If No, Please state action to be taken	
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	5093504703-01
Cover Note Number	

Driver

Name of Driver	OR YUECHANG, STEPHANIE
NRIC No	S8633180B
Date Of Birth	15/11/1986
Occupation	INDOOR
Date Of Driving Pass	20/04/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96719682
Fax Number	
Contact Number	OTHERS-96719682
Email Address	STEF.OR@GMAIL.COM

Address	BLK 341 UBI AVENUE 1 #02-899
Postcode	400341
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	RAINING
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?	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

PLEASE REFER TO SKETCH PLAN (PREFERRED WORKSHOP VOLKSWAGEN MACPERSON TEL:69223500)

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	FBJ1868E
Vehicle Make/Model/Colour	HONDA CB400X
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LIM JIE FENG
NRIC/Passport Number	S9421387H
Contact Number	96971355
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
- (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.
- (d) 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

Date & Time:

15/10/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

15/10/18

Reporting Centre Personnel's Signature

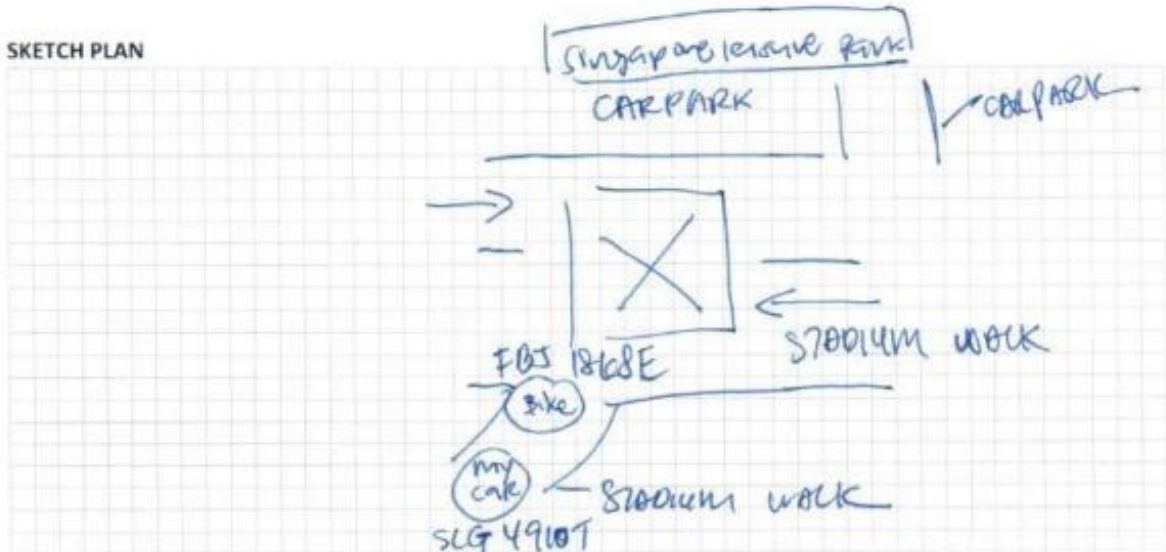
Name:

NRIC/FIN No.:

15/10/2018
Rajesh Kumar

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was raining. I was turning left to enter the carpark at the Singapore Leisure Park. There was a motorcycle (FBI 1868E), a Honda CBR600F4i waiting there as well. I thought he was going to drive off and I was not able to stop in time. My car knocked into his motorcycle. I got down to check on him. He had no ^{visible} injuries. He said he will send his bike to the workshop and let me know the damage. We exchanged numbers and NRIC numbers and parted. He was able to ride his motorcycle and left the accident scene.

DECLARATION

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

Policyholder's Signature
Date & Time: 13/10/18

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/10/18

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 : 21MAY18134025 Vehicle Registration No: SLG 4910T
Name (as shown in NRIC) : OR YUE CHANG STEPHANIE NRIC/FIN/Passport No : S8633180B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BK34 UBI AVENUE 1 #02-599 Singapore (400341)
Contact (Tel) : 96719682 Mobile No. : 96719682
Email Address : stef.or@gmail.com
Date of Accident : 14 OCT 2018 Time of Accident : 07.00 HRS
Place of Accident : STADIUM WALK
Insurance Company : NTUC INCOME

(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:

the purpose of my
I would like to amend my accident report from
"reporting only" to "file for insurance claims"

Preferred Workshop : Volkswagen Macpherson Service Center
No: +6569223500

Policyholder / Driver's Signature
Date: 18/10/18

Reporting Centre Personnel's Signature
Name: Repl Lim
NRIC/FIN No: 18/10/2018
Date: 18/10/2018