SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	15/10/2018 10:25
Date Of Accident	12/10/2018 13:45
Exact Location Of Accident	SERANGOON NORTH AVE 4 (OUTSIDE ROSYTH SCHOOL)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ4364G
Insured/Policyholder	
Name Of Registered Owner	PANG TONG HOO
NRIC No	S0044521E
Email Address	THPANG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97129842
Alternative Phone No	OTHERS-97129842
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	ORLANDO-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	5077250826-02
Cover Note Number	22/01/2018 - 21/01/2019
Driver	
Name of Driver	PANG TONG HOO
NRIC No	S0044521E
Date Of Birth	11/02/1942
Occupation	INDOOR
Date Of Driving Pass	19/12/1968
Driving Experience	49 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97129842
Fax Number	
Contact Number	OTHERS-97129842

THPANG@YAHOO.COM.SG

Address 120A SUNRISE AVENUE

Postcode 805416

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
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

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME: : PANG KAH MENG

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AS I SAW VEHICLES STOPPED ON THE EXTREME LEFT OF THE LANE, WAITING FOR SCHOOL DISMISSAL. AS SUCH, I DECIDED TO DROVE PAST THEM AND IN THE MIDST OF MY JOURNEY, I FELT AN IMPACT AND REALISED MY VEHICLE LH PORTION WAS COLLIDED BY MOTOR CAR SLQ7758U (MOST LIKELY STEER OUT FROM THE LEFT - STATIONARY POSITION). * UPON ALIGHTING, I GAVE DRIVER OF SLQ7758U MY IC TO EXCHANGE OF PARTICULARS. HOWEVER, DRIVER OF SLQ7758U DID NOT PROVIDE ME HER IC AS SHE CLAIMED THAT SHE DID NOT BRING ALONG ANY OF HER

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 SLQ7758U

Vehicle Make/Model/Colour WHITE AUDI

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver MICHELLE NG

NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO.: <u>SK2 43646</u> INSURER : <u>N7UC</u> DATE & TIME: D10118 @ 1345

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- By the lodgment 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:
 - 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:
 - 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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: DOVIVA (AVI)

NRIC/FIN No.:

SKETCH PLAN ROSET SCHOOL	
SKETCH PLAN	
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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Vehicle No: SKZ 43646 (NTUC)	
Date & Time: 12/10/2018 @ 1345 (clean div	
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the solution of the second	ve past them and the
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w. 11	to September 2017 per Periodo (b.)
* Upon alighting, I gave driver of SLO77584	my ic to exchange of
particulars. Thowever, diver of SIQ77584	and not provide me
her ic as she claimed that she did not b	pring along any of her
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Note: Please note that your insurer may have 14days Time Frame for you t	o submit an Own Damage Claim
under your own comprehensive policy. Please check with your policy	
ECLARATION	A A
We declare the foregoing particulars are true in every respect.	
HEI CHARLEST SHEET	
	porting Centre Personnel's Signature
Date & Time: NR	IIC/FIN No.:
IARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Repo	orting Only 2