#### 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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/10/2018 18:52
Date Of Accident	27/10/2018 20:10
Exact Location Of Accident	4 POINTS SHENTON HOTEL 382 ,HAVELOCK ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB1829S
Insured/Policyholder	
Name Of Registered Owner	NG HOCK SENG
NRIC No	S1176059G
Email Address	STEVEN290256@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94300200
Alternative Phone No	OTHERS-94300200
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3019551800
Cover Note Number	
Driver	

Name of Driver

NG HOCK SENG

NRIC No

S1176059G

Date Of Birth

29/02/1956

Occupation

INDOOR

Date Of Driving Pass

10/07/1981

Driving Experience 37 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94300200

Fax Number

Contact Number OTHERS-94300200

EMail Address STEVEN290256@YAHOO.COM

Address 50 JALAN PARI KIKIS

Postcode 488580

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

#### **Other Information**

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 5 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.

Number of Passengers (Including Driver)

0

NO

#### **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**

### PLEASE REFER TO SKETCH PLAN

### 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 SGF8866B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJV2880D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name SOMPO INSURANCE SINGAPORE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SJQ5817U

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)

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number SMC4338E

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)

#### Accident Sketch Plan

#### SKETCH PLAN

### **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.
- 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.
- 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.
- The 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.
- 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:

NRIC/FIN No

## **Accident Sketch Plan**

KETCH PLAN	4 POIMTS	SHEWNOW HOTEL	, 382	HAVKUOCK	ROAD		
	D A	E			R) SLB	18295	
	1				B) 56F	8866B	Š
L C	NO NO				O SOV.	28800	
[3]				(	D 500	5817U	
9					E) smc	4538E	
Z   B	7	HoTE					
ESCRIBE CIRCUN	ASTANCES O	THE ACCIDENT					
	0n 27	1-10-2018 at	abact	20:08'N	rs, My k	hicle wa	s parke
at Amints	Chemiton	Hotel, 382	1 100	s waln	ed by I	he was	VINE .
Mr Homis	Mr. Jan	Morello on	-1 W	2 Action L.	ur by	it yavi	CLIC
valet the	t ma 1	chide was h	it bn	S6F 8	866B.	Total Ti	wolved
5 relicus.	Thail's	all.					
						-	
						_	
OECLARATION /We declare the for	egoing particul	ars are true in every respo	ect.	-	/	/ ,	
1	-	1	Y-		n/ 39	quolos	18
Policyholder's Signatu	re	Driver's Signature		F	leporting Centre	Personnel's Si	nature
Date & Time:		(If driver Is not the po	olicyholder)		lame:	cold a	MATTERS























