

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	30/10/2018 15:11
Date Of Accident	29/10/2018 18:35
Exact Location Of Accident	ALONG CLEMENTI ROAD TOWARDS BUKIT PANJANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3214E
Insured/Policyholder	
Name Of Registered Owner	DENISE MABEL MARTENS MRS DENISE MABEL MICHAEL
NRIC No	S1787028I
Email Address	DENISEJ@SJI.EDU.SG
Mobile Phone No	(LOCAL) +65-97895649
Alternative Phone No	OFFICE-97895649

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X HYBRID CVT (A)
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	5087310811-01
Cover Note Number	

Driver

Name of Driver	BRYAN WILLIAM MARTENS JEYASEELAN
NRIC No	S9901640Z
Date Of Birth	21/01/1999
Occupation	INDOOR
Date Of Driving Pass	21/03/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92972962
Fax Number	
Contact Number	
EEmail Address	BRYAN.JEYASEELAN@GMAIL.COM

Address	BLK 14 DOVER CLOSE EAST #21-224 SINGAPORE 130014
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	CLEAR
Road Surface	A BIT 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)	2
Passenger 1	NAME: : SEAN ANG GENDER: : MALE

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

AT THE MATERIAL DATE AND TIME, I WAS TRAVELLING ALONG CLEMENTI ROAD TOWARDS BUKIT PANJANG. I STOPPED THE VEHICLE DUE TO THE TRAFFIC IN FRONT. SUDDENLY I FELT AN IMPACT ON THE VEH REAR PORTION. I WENT DOWN TO CHECK AND NOTICED VEH C HAD HIT ON VEH B REAR PORTION THROUGH VEH B FRONT PORTION HIT ON MY VEH A REAR PORTION. NOBODY WAS INJURED . THAT'S ALL

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC1289G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SIEW HONG
NRIC/Passport Number	S1261950B
Contact Number	96665909
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN769X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AZIZ BIN ARSAD
NRIC/Passport Number	S1613142C
Contact Number	84382908
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

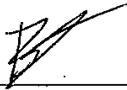
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. 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 :
 - (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:



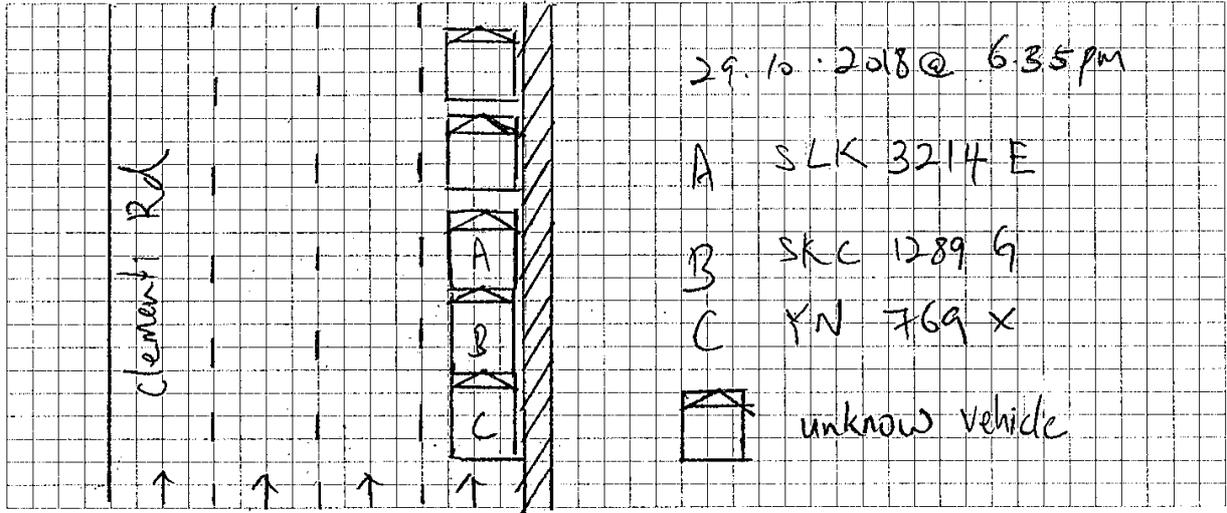
Driver's Signature
(If driver is not the policyholder)
Date & Time:

30 OCT 2018
e 2pm



Reporting Centre Personnel's Signature
Name: Venus Lee
NRIC/FIN No.: e 988 991A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the material date and time, I was travelling along Clement Road, towards Buxton Park Junction. I stopped the vehicle due to the traffic lights. Suddenly I felt an impact on the veh rear portion, I went down to check and noticed veh C had hit on veh B rear portion through veh B front portion hit on my veh A rear portion. Nobody injury. That's All.

DECLARATION

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

Policyholder's Signature
Date & Time: 30 OCT 2018

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30 OCT 2018 @ 7pm

Reporting Centre Personnel's Signature
Name: Venus Lee
NRIC/FIN No.: 37488991A

Accident Photo



Accident Photo



Accident Photo



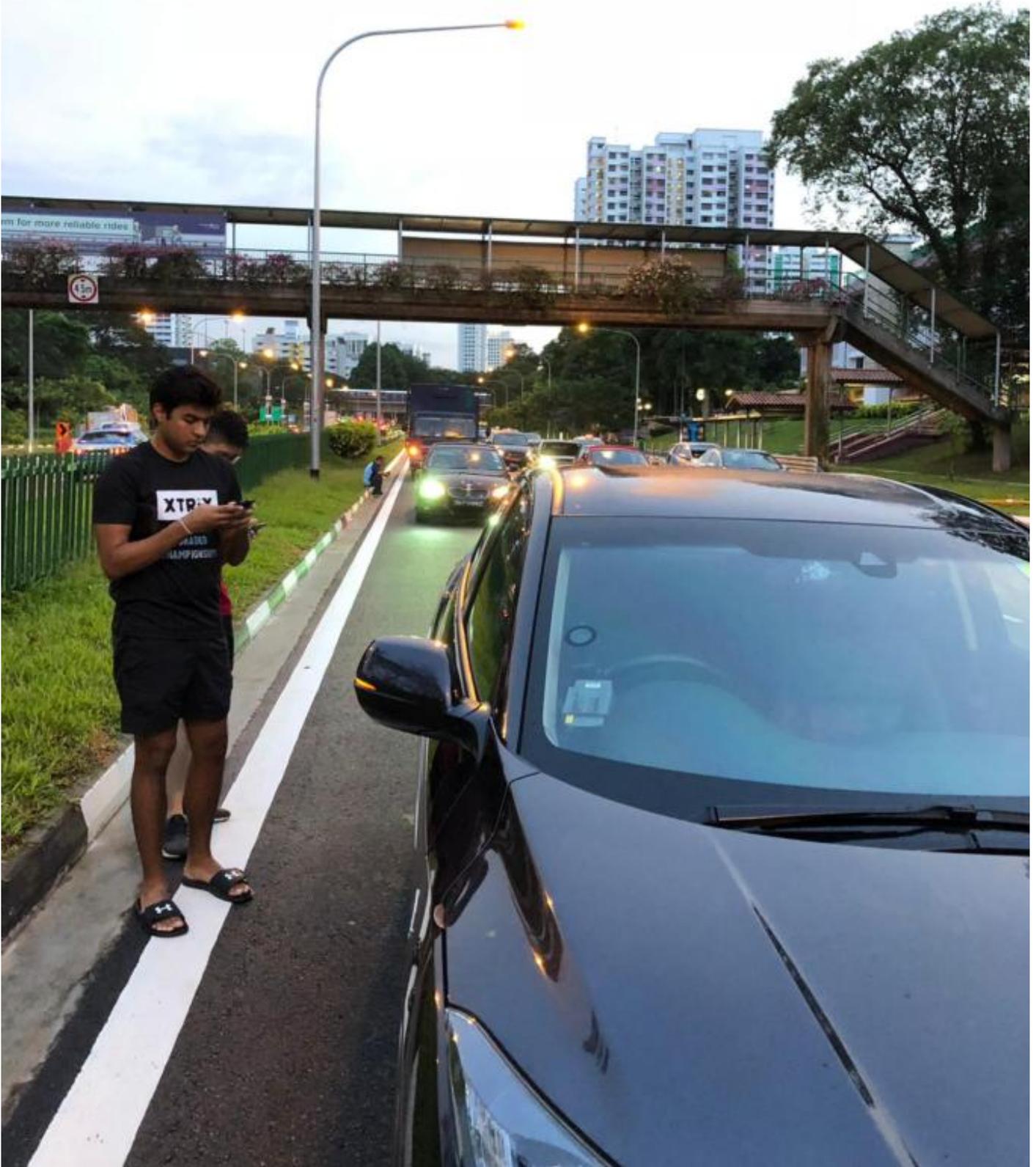
Accident Photo



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Addendum Sheet Pg. 1



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: 566550020G / 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 : MLTM1814 0867 Vehicle Registration No: 3LK 3214 E
Name (as shown in NRIC) : Bryan William Mortens Jeyaseelan NRIC/FIN/Passport No : S9901640Z
(*Vehicle Driver / Vehicle Owner) (*Please delete as appropriate)
Address : 3LK 14 Dover Close East #01-224 Singapore (15014)
Contact (Tel) : 92972962 Mobile No.: 92972962
Email Address : bryan.jeyaseelan@gmail.com
Date of Accident : 21/10/2018 Time of Accident : 1835
Place of Accident : Clementi Road
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:

1) my Accident Time should be 18-35 hrs
2) Drive and owner email should read as:
Drive : bryan.jeyaseelan@gmail.com
owner : danise.jesji@nlw.sg

Policyholder / Driver's Signature
Date: 30 OCT 2018

Reporting Centre Personnel's Signature
Name: Venus Lee
NRIC/FIN No.: S7988991A
Date: 30 OCT 2018

Addendum Sheet Pg. 1



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6 Raffles Quay #18-00 Singapore 048580
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IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

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Original Report No : MLTM1814 0867 Vehicle Registration No: 3LK 3214 E
Name(as shown in NRIC) : Bryan William Mortens Jeyaseelan NRIC/FIN/Passport No : S9901640Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 3LK 14 Dover Close East 101-224 Singapore(15014)
Contact (Tel) : 92972962 Mobile No.: 92972962
Email Address : bryan.jeyaseelan@gmail.com
Date of Accident : 21/10/2018 Time of Accident : 1835
Place of Accident : Clementi Road
Insurance Company: NTUC Income Insurance Co-operative LTD

(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:

- 1. my Accident location should be Along Clementi Road Towards Bukit Panjang.
2. owner email address should read as Denisej@SJI.edu.sg

Policyholder / Driver's Signature
Date: 31 OCT 2018

Reporting Centre Personnel's Signature
Name: Venus Lee
NRIC/FIN No.: S7188941A
Date: 31 OCT 2018