

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	12/11/2018 17:23
Date Of Accident	12/11/2018 13:00
Exact Location Of Accident	UBI RD 3 TWDS UBI AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5090E
Insured/Policyholder	
Name Of Registered Owner	PLATINUM MOTORING
Co Reg No	53356190J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97659745
Alternative Phone No	OFFICE-97659745

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5088310646-01
Cover Note Number	

Driver

Name of Driver	WONG ZHEN ZHONG, BENJAMIN
NRIC No	S9016498H
Date Of Birth	16/05/1990
Occupation	INDOOR
Date Of Driving Pass	28/10/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90699095
Fax Number	
Contact Number	OFFICE-90699095
Email Address	NOEMAIL

Address	BLK 779 PASIR RIS STREET 71 #13-570
Postcode	510779
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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

REFER TO 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	CB5472S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	EDDY HERNI BIN HASNAN
NRIC/Passport Number	S7621777G
Contact Number	98729180
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WONG ZHEN ZHONG, BENJAMIN
------	---------------------------

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKW5090E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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. 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.

2. 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:

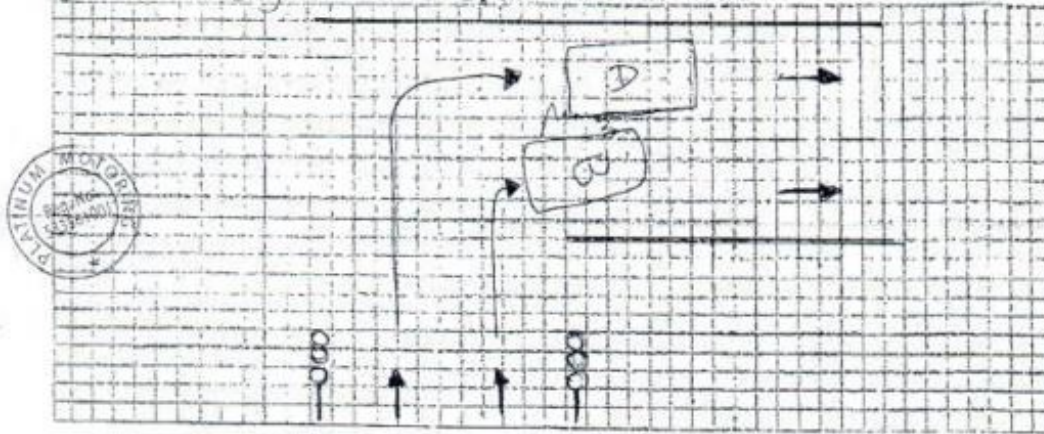
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

Vehicle A: SKW5090E
Vehicle B: CB5472S

SKETCH PLAN Along Ubi Road 3, toward Ubi Ave 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12 Nov 2018, around 13:00, Along Ubi Road 3, towards Ubi Ave 1, vehicle A (SKW5090E) was making a right turn on the outer lane out of a 2 lane turn junction. Vehicle B (CB5472S) was on the inner lane:

As vehicle A (SKW5090E) completing the turn, * Vehicle B (CB5472S) was a bus couldn't complete the turn in its own lane thus filter into Vehicle A (SKW5090E) lane collided into vehicle A (SKW5090E) driver side rear wheel arc.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

PRIVATE SETTLEMENT AGREEMENT FOR VEHICLES ACCIDENT

Details of accident

Date: 12/11/2018 @ 13:00 Hours

Location: UBI ROAD 3 TWDS UBI AVE1

Details of vehicle and driver – Paying Party

(A) Vehicle registration number & Vehicle make model: CB 5472S

Name of driver: EDMUND HERNI BIN HASNAN / EDMUND LEE GUAN HUAT

NRIC number: S7621771G / S7340820B Contact: 98729180

Address: AET BLK 74A REDHILL ROAD #28-48, S 151074

Details of vehicle and driver – Receiving Party

(B) Vehicle registration number & Vehicle make model: SKW5090E MAZDA 3

Name of driver: Platinum Motoring

NRIC number: 53356190J Contact: 9366 8262

Address: 52 Ubi Ave 1 #01-25, Poyu Ubi Industrial Park, S4089134

Upon this legal bind agreement, whereby both parties have come in terms of agreeing to proceed with private settlement, to settle the above matter with each other privately and amicably as not to affect your insurance policy and there are no personal injuries or death involved.

Under the terms stated herein, both parties have agreed to settle this matter amicably as follows:

*V where applicable

- ☐ Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

☒ Without any admission of liability, EDMUND LEE GUAN HUAT (party paying) has paid a sum of SGD\$ 1600 which Platinum Motoring (party receiving) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident. Both Receiving and Paying parties will undertake at any times not to bring in any legal action and/or claims in the account of losses or damages to his/her vehicle in respect of any direct or indirect damages arising on the above accident.

Both parties will not make any form of claims, whether it is a vehicle damage property claims and/or injuries claims from any insurance company.

Upon the above, both parties has read and fully understand the above contents, herein give their consent of agreeing and undersign state below.



(A) Paying party

Name: Edmund Lee

NRIC No.: 7340820B




(B) Receiving party

Name: PLATINUM MOTORING

NRIC No.: 53356190J

Accident Photo



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: S465500200 / 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 : _____ Vehicle Registration No: SKW5090E
Name (as shown in NRIC): WONG ZHEN ZHONG BENJAMIN NRIC/FIN/Passport No: S9016498H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 77A PASIR RIS STREET 71 #13-570 Singapore (S1077)
Contact (Tel) : 90691095 Mobile No. : _____
Email Address : weiyuan0312@gmail.com
Date of Accident : 12 Nov 2018 Time of Accident : 13:00
Place of Accident : UBI ROAD 3 TWDS UBI AVE 1
Insurance Company : NTUC

(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:

Report change to reporting only. SKW5090E and CB5472S
do private settlement.



Policyholder / Driver's Signature
Date: 13/11/2018

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____