

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	23/11/2018 15:34
Date Of Accident	22/11/2018 22:45
Exact Location Of Accident	SLIP RD FROM ORANGE GROVE RD > STEVENS RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFQ76X
Insured/Policyholder	
Name Of Registered Owner	GOH TANG KUAN (WU TINGKUAN)
NRIC No	S8402938F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82808487
Alternative Phone No	OTHERS-82808487
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101720008
Cover Note Number	
Driver	
Name of Driver	GOH TANG KUAN (WU TINGKUAN)
NRIC No	S8402938F
Date Of Birth	08/02/1984
Occupation	INDOOR
Date Of Driving Pass	15/08/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82808487
Fax Number	
Contact Number	OTHERS-82808487
Email Address	NOEMAIL

Address	152 CANBERRA DRIVE #02-13 THE BROWNSTONE
Postcode	768080
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	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 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: : LYE SHIJI TOMMY 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

REFER TO BELOW STATEMENT/SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG5658R
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)

SKETCH PLAN

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1. 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/are 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:

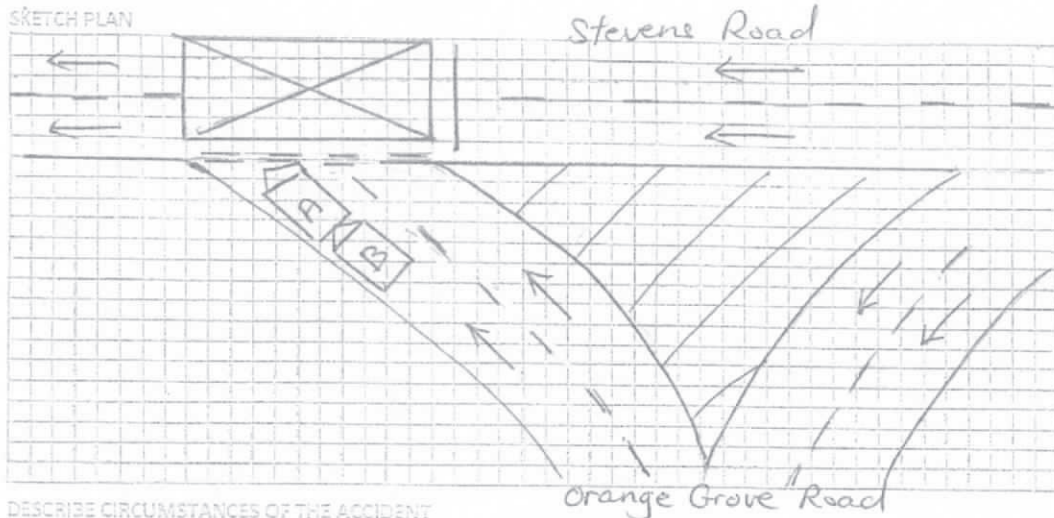
Reporting Centre
Name:
NRIC/PIN No:
Email: vackb@singnet.com.sg

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4

23 NOV 2010

Singapore 415933
Tel: 67416697
Fax: 67492305

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/11/2018 at about 2245 hrs at slip road from Orange Grove Road towards Stevens Road, I was travelling on the extreme left lane and came to a stop at the above mentioned slip road while giving way to the main traffic along Stevens Road. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

CA) SFQ 76 X

(B) SLG-5658 R

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

23 NOV 2018

IDAC KAKI BUKIT(VAC)

23 KAKI BUKIT AVE 4

Singapore 415933

Tel: 674 6697

Reporting Centre Tel: 674 16697

Name: Fax: 67492305

NRIC/EN Email: vackb@singnet.com.sg