

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	04/12/2018 15:56
Date Of Accident	03/12/2018 09:30
Exact Location Of Accident	PUNGGOL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7073T
Insured/Policyholder	
Name Of Registered Owner	SOH HSIU HSIEN
NRIC No	S9142189E
Email Address	SOHHSIUHSIEN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81880944
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	BMW
Model	318I-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	5103349458
Cover Note Number	

Driver

Name of Driver	SOH HSIU HSIEN
NRIC No	S9142189E
Date Of Birth	30/10/1991
Occupation	INDOOR
Date Of Driving Pass	08/04/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81880944
Fax Number	
Contact Number	OFFICE-NOPHONE
E-Mail Address	SOHHSIUHSIEN@YAHOO.COM.SG

Address	306A PUNGGOL PLACE #15-37 SINGAPORE
Postcode	821306
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 - U-TURN
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?	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.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : SOH GUAN THONG GENDER: : MALE
Passenger 2	NAME: : LIM WHAY EE GENDER: : FEMALE
Passenger 3	NAME: : ANNABEL SOH CHIEN YING GENDER: : FEMALE

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 SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME2389K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU JIA HONG
NRIC/Passport Number	S9032542F

Contact Number 97322842
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

S/P

SKETCH PLAN

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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:

3/12/18
2.30 pm.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

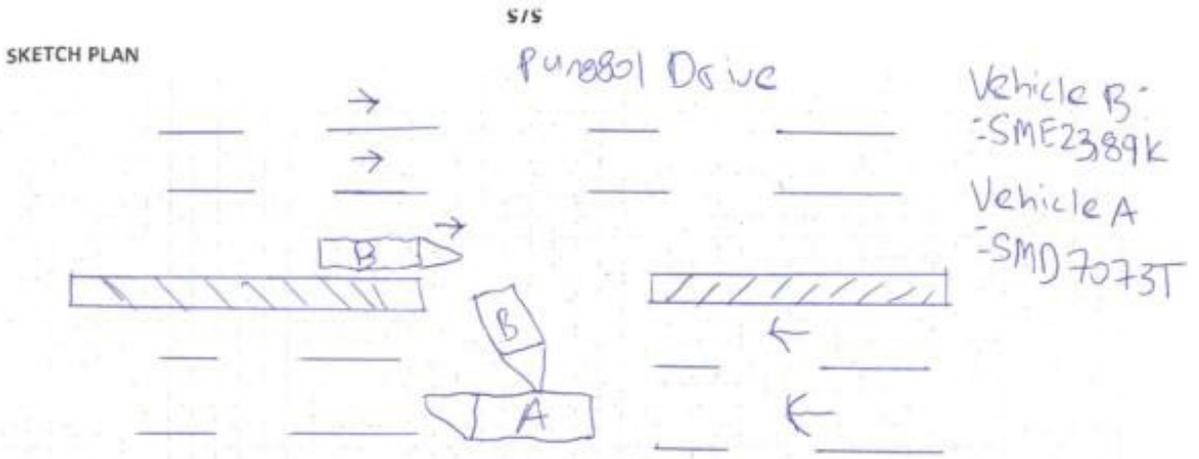
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

4 Dec 2018 8:44 AM

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Drive

At around 9:30am at Punggol Road on 3/12/18, I was driving my BMW 318i (SMD7073T) with 3 other passengers in my car. With the traffic light in my favour, I drove through the junction in adherence with the speed limit. While I was driving through the junction, the driver of a Honda Fit (SME2389K) coming from the opposite direction performed a U-turn despite not having the right of way. The front bumper of the Honda Fit smashed into the right hand side of my BMW causing huge dents and multiple scratches, involving not only the body of my car but the wheel and rim. As a result, the rear door cannot be fully closed, and neither can it be opened at all from where it is struck.

DECLARATION

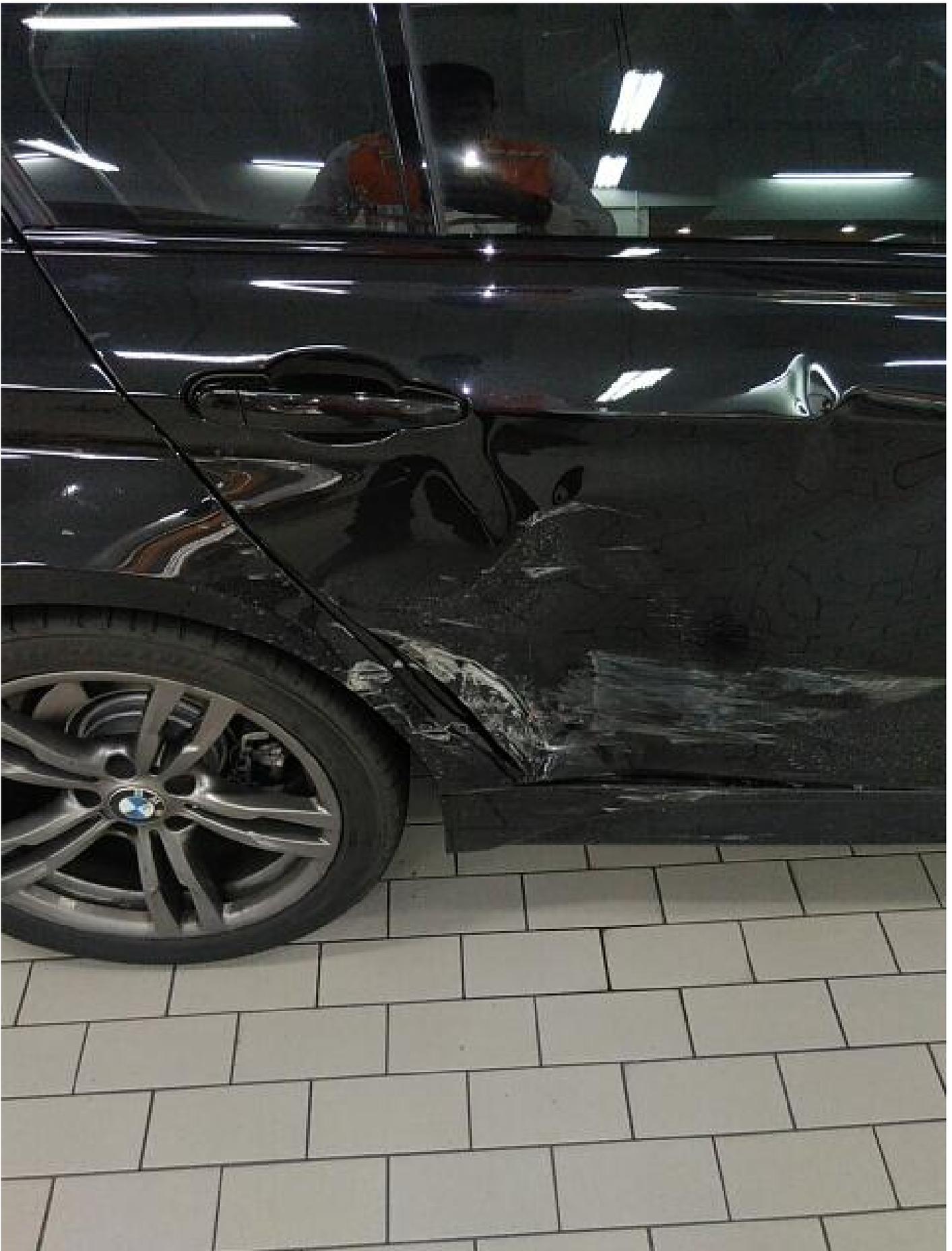
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:
3/12/18
2:30pm.

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

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

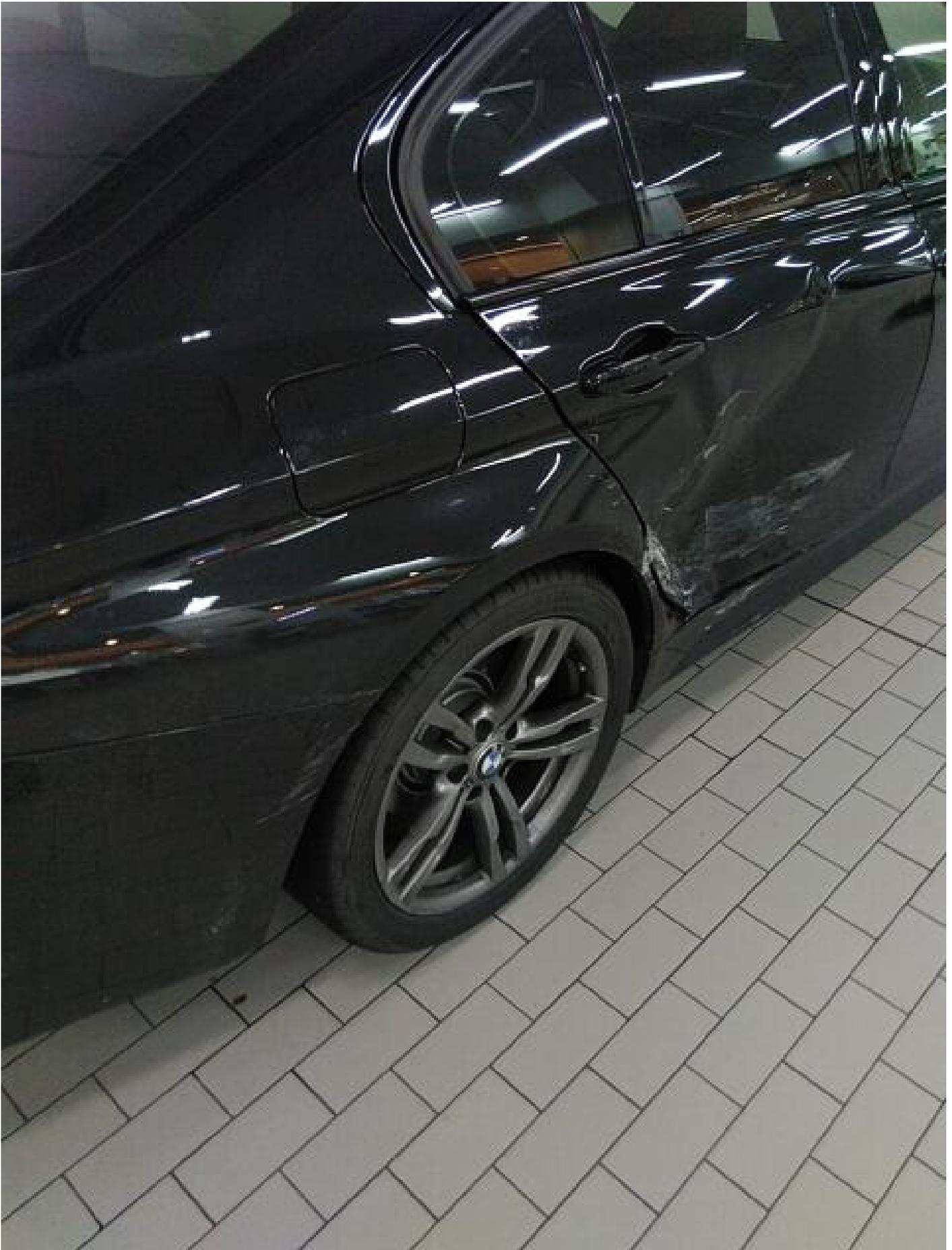
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



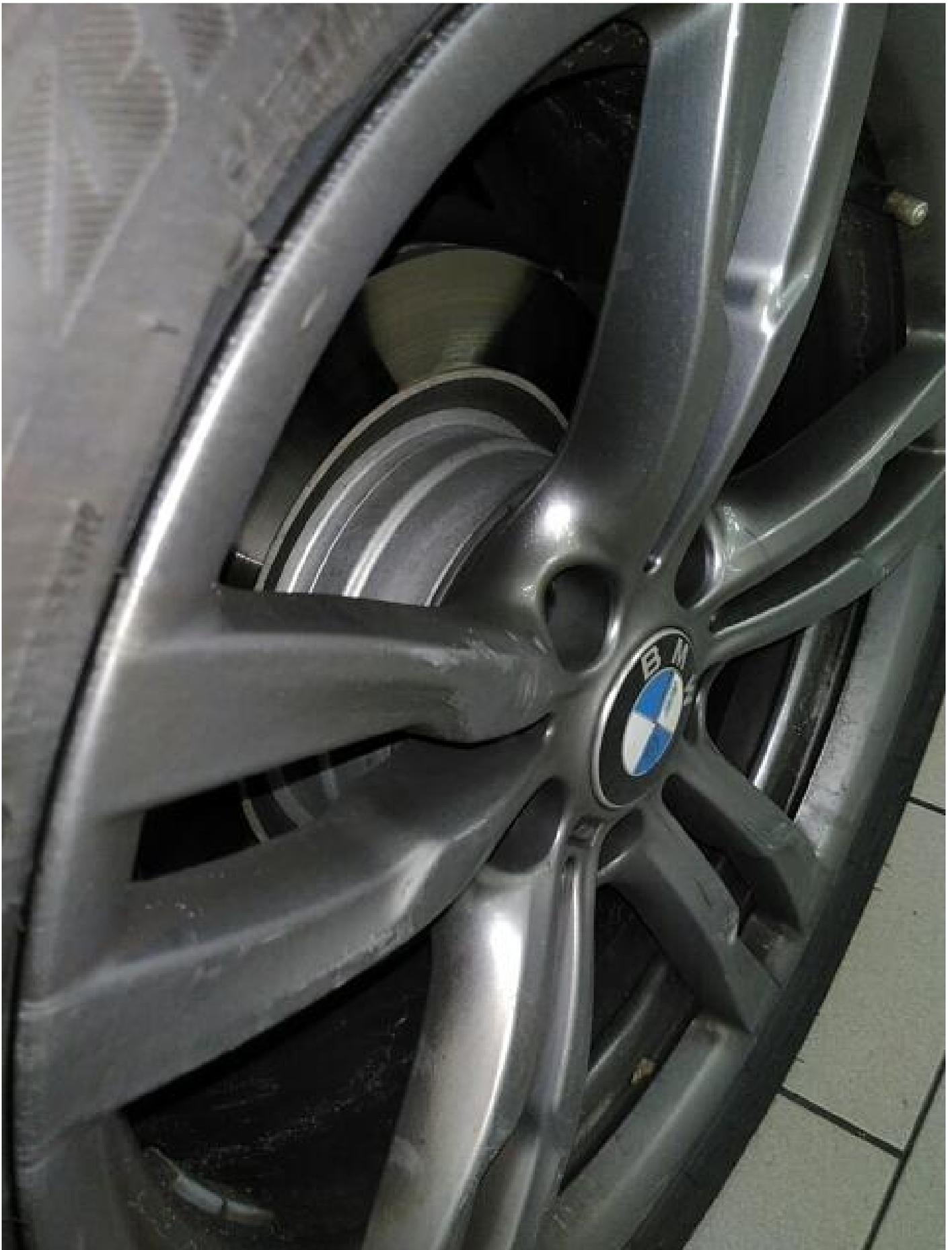
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
5 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500206 / 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 : MNII 18156957 Vehicle Registration No: SMD 7073T
Name (as shown in NRIC) : Soh Hsiu Hsien NRIC/FIN/Passport No : S91A2189E
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 306A Punggol Place #15-37 Singapore (821306)
Contact (Tel) : Mobile No. : 81880944
Email Address : sohhsiuhsien@yahoo.com
Date of Accident : 3/12/2018 Time of Accident : 09:30
Place of Accident : Punggol Drive
Insurance Company: NTUC Income Insurance

(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:

Passenger name is "Lim Whay Ee".
There is in-car camera.

Witness Member Manager Driver's Name
Policyholder / Driver's Signature
Date: 5/12/18

Reporting Centre Personnel's Signature
Name: David Lau
NRIC/FIN No.: S8019621J
Date: 5/12/2018