

\$29 Paid.

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	06/12/2018 09:11
Date Of Accident	05/12/2018 18:00
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4107A
Insured/Policyholder	
Name Of Registered Owner	IRENE LIM LEH LING
NRIC No	S1651962F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96925879
Alternative Phone No	OTHERS-87231435

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104565643
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	PETER KNG WEE HONG
NRIC No	S1699269J
Date Of Birth	29/01/1965
Occupation	INDOOR
Date Of Driving Pass	05/11/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87231435
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 25 HAZEL PARK TERRACE
 #14-10 HAZEL PARK CONDOMINIUM
 Postcode 678948
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 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 WET

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) 4
 Passenger 1 NAME: : PASSENGER
 GENDER: : FEMALE
 Passenger 2 NAME: : PASSENGER
 GENDER: : FEMALE
 Passenger 3 NAME: : PASSENGER
 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

I was travelling along lane 2 in the traffic jam. Suddenly, vehicle B changed lane from lane 1 to lane 2. This resulted in the left front area of vehicle B to side swipe into the right rear fender and bumper areas of my vehicle A.

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 SHF664H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver UNKNOWN
 NRIC/Passport Number

Contact Number

UNKNOWN

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 06-12-2018 / 09:04

Report No: MT/ _____ D.O.A: 05-12-2018
Time: 18:00 hrs

Vehicle No: SMD4107A Reporting Type: _____

SKETCH PLAN

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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.

06-12-18 / 9:04

Policyholder's Signature / Date & Time



06-12-18 / 9:04

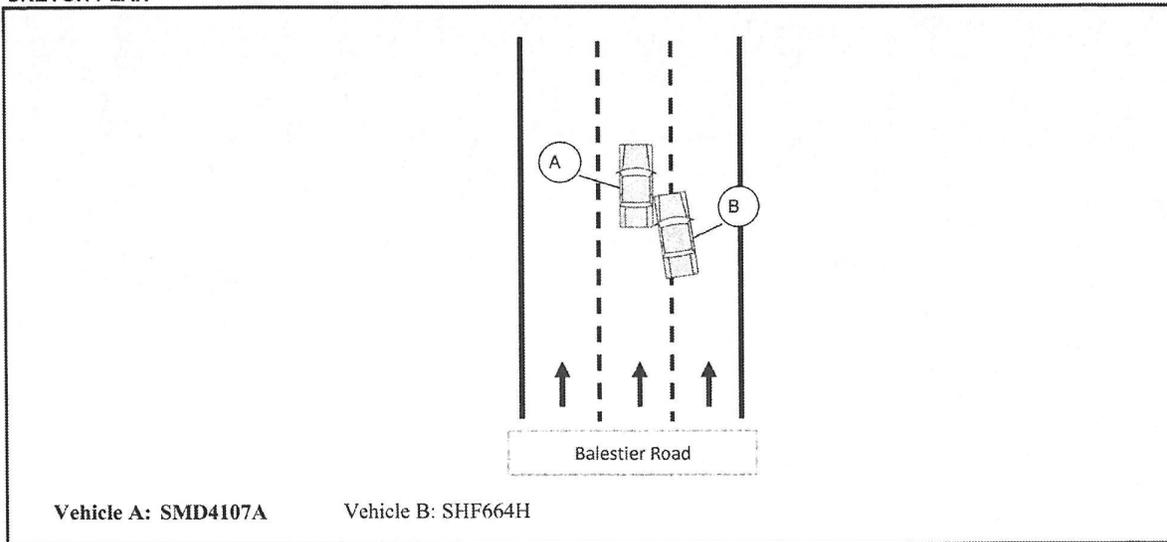
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along lane 2 in the traffic jam. Suddenly, vehicle B changed lane from lane 1 to lane 2. This resulted in the left front area of vehicle B to side swipe into the right rear fender and bumper areas of my vehicle A.

Declaration

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

06-12-18 / 9:04
Policyholder's Signature / Date & Time


06-12-18 / 9:04
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive 
Motor Service Centre
Witnessed by Reporting Centre Personnel