

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	11/12/2018 13:37
Date Of Accident	08/12/2018 20:30
Exact Location Of Accident	BLK 39 SIN MING RD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP15B
Insured/Policyholder	
Name Of Registered Owner	CHEE SIEW MEY
NRIC No	S7475874F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90179989
Alternative Phone No	OFFICE-90179989

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC TYPE-R 2.0GT MANUAL
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	5097605345
Cover Note Number	

Driver

Name of Driver	KENNETH LIAN HONG SHENG
NRIC No	S9629814E
Date Of Birth	25/08/1996
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90119989
Fax Number	
Contact Number	OFFICE-90119989
Email Address	NOEMAIL

Address	BLK 239 HOUGANG STREET 22 #09-21
Postcode	530239
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
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?	
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)	0

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFK6229P
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)	

Accident Sketch Plan

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.

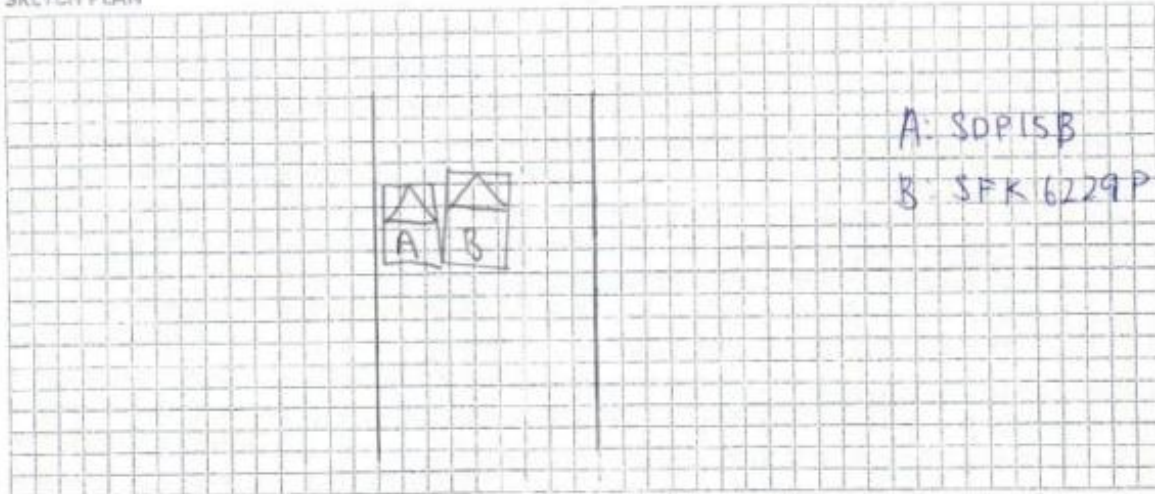
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



A: SDP15B
B: SFR 6229P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked along Block 33, Sin Ming Road Carpark, while standing at the back, suddenly I saw a vehicle reversing and the vehicle hit onto the right rear portion of my vehicle.

DECLARATION

I/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/FIN No.:

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

26 Jan 2018

Our ref: 2601180203N057013134

CHEE SIEW MEY
APT BLK 239 HOUGANG STREET 22
#09-21
SINGAPORE 530239

Dear Sir/Madam

**NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO.
SLV4507X WITH VEHICLE REGISTRATION NO. SDP15B**

You may be pleased to know that your application of 26 Jan 2018 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SDP15B (Previously SLV4507X)
Vehicle Make : HONDA
Vehicle Model : CIVIC TYPE-R 2.0GT MANUAL
Chassis No. : SHHFK8790HU000577
Engine No./ Motor No. : K20C13004158 / -

3. Please change the number plates on your existing vehicle (ie. Chassis No. : SHHFK8790HU000577, Engine No./ Motor No. : K20C13004158 / -) to display the new/ replacement registration number, SDP15B by 29 Jan 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20180126102951232749 or the vehicle registration number when making your enquiry.

Accident Photo



Accident Photo



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