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 witholding 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	12/12/2018 10:29		
Date Of Accident	05/12/2018 20:00		
Exact Location Of Accident	CARPARK OF BLK 144 - 166 WOODLANDS STREET 13		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLT536Z		
Insured/Policyholder			
Name Of Registered Owner	SINGAPORE CABBIENET		
Co Reg No	53370970M		
Email Address	VIVIENYEOW@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-90014423		
Alternative Phone No	OFFICE-90014423		
Vehicle Particulars			
Manufacturer	MAZDA		
Model	MAZDA5 WAGON 2.0 AT EU6		
Exact Purpose for which vehicle was being used at time of accident	WORK		
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	5104707669		
Cover Note Number			
Driver			
Name of Driver	YEOW YUAN XIN, VIVIEN		

NRIC No S8722330B Date Of Birth 07/07/1987 Occupation **OUTDOOR Date Of Driving Pass** 19/04/2006

Driving Experience 12 YEARS AND 7 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-90014423

Fax Number

Contact Number OTHERS-90014423

EMail Address VIVIENYEOW@GMAIL.COM Address BLK 335 UBI AVENUE 1

#01-811

Postcode 400335

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - CO 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 - OPENING DOOR OF VEHICLE

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?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLS REFER TO THE ATTACHED 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 SLD3419T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LOW LAY HONG
NRIC/Passport Number S7729366C
Contact Number 97455423

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 (all insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) iff
 - (1) 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
 - (a) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all incurer(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:
 - (1) 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
 - (i) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signatur Date & Time:

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

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN RETAINING WALL A-SLT 536 Z B-SLD3419T CARPARK FOR BUE 144-166 WOODLANDS STREET 13

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BLK 144 -	CEMBER 2018, I WAS PARKED AT LOT 278 OF CARPACK FOR 166 WOODLANDS STREET 13. AT 2000 HRS, SLD 3419 T CAME AN 17 LOT 279 WHILE THE DRIVER, LOW LAYHONG (577293660
WAS EXITE	NI HER VEHICLE, SHE OPENED HER PRIVER'S DOOR AND IT
	HARD ON MY VEHICLE CAUSING A DENT IN THE
MIDDLE 1	OF THE DOOR AS WELL AS PAINT CHIP ON THE HANDLE
WHILE CHE	ECKING ON THE DAMAGE ON MY VEHICLE, OWNER OF
	9T RAN FROM THE SCENE AND I GAVE CHOSE IN
CROER 7	TO OBLAIN HER PARTICULARS.
DAMAGE	= LEFT FRONT DOOR DENT
	LEFT FRONT DOOR HANDLE PAINT CHIP.

DECLARATION

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Sketch Plan #3

	Annex B
•	CHILLIAN E.
NOTICE OF REPORTING	
This is to confirm that Year Yung Xin, vivien , NRIC/FIN	
, has reported to the Police a non-injury traffic accident which	
occurred at 8115 1944-166 Corport Vandlands Sector 13	
on 12/5/19 at 2000 hrs arm/pm involving the following vehicles: SL T 5 3 6 Z	, SLD 3419 T
2 If this accident was reported to the Police within 24 hours of its occurrence he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.	rence, then
Rank/Name of Issuing Officer: Science Ships	
Date: 1721 hr 5	
S/D Ref:	*
Police Post/Unit: Traffic Police	











































