

## 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	13/12/2018 10:03
Date Of Accident	12/12/2018 16:25
Exact Location Of Accident	BALESTIER RD TWDS THOMSON RD OUTSIDE QUALITY HOTEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ2121M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWAN HONG WEE
NRIC No	S6902895J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97370244
Alternative Phone No	OFFICE-97370244

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO

Exact Purpose for which vehicle was being used at time of accident

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	5072387613-03
Cover Note Number	

### Driver

Name of Driver	TEY SWEE KUAN
NRIC No	S7505231F
Date Of Birth	05/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	01/08/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97370244
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 624 ANG MO KIO AVE 4 #02-1080
Postcode	560624
Was driver an employee of the Insured's Company	NO
If NO, Relationship of the Driver with the Insured	OTHER - -
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	RAINING
Road Surface	WET

#### 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
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)	1

#### 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

ON 12/12/2018 AT ABOUT 1625HRS, I WAS TRAVELLING ALONG BALESTIER ROAD TOWARDS THOMSON ROAD. WHEN I WAS OUTSIDE QUALITY HOTEL MARLOW ON THE EXTREME RIGHT LANE, THE VEHICLE IN FRONT OF ME STOPPED. AND HENCE, I FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT ON THE REAR OF MY VEHICLE. I ALIGHTED MY VEHICLE A AND REALISED THAT IT WAS VEHICLE B WHICH HIT ONTO THE REAR RIGHT PORTION OF MY VEHICLE A CAUSING DAMAGES TO 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	SLH4517R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	SIM CHIN MENG
NRIC/Passport Number	S1610038B
Contact Number	91016499
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

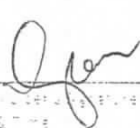
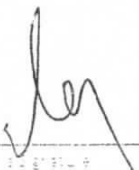

SKETCH PLAN

IMPORTANT NOTICE

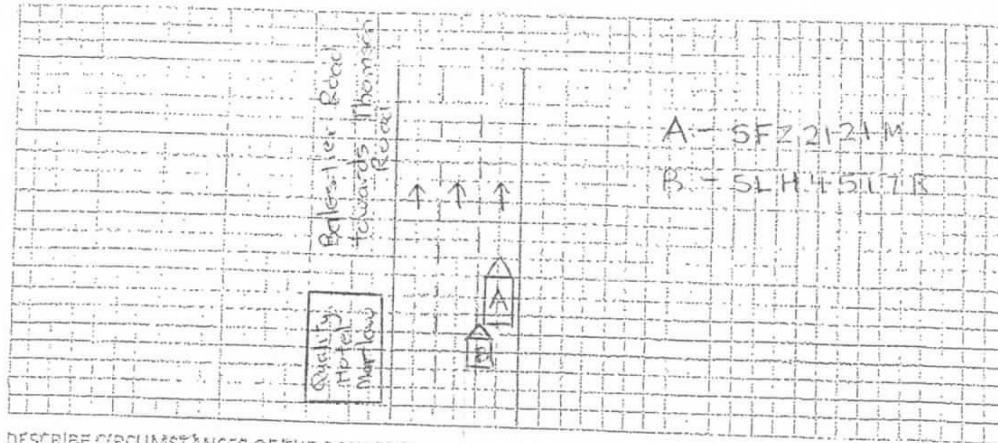
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. The 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 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

 Policyholder's Signature Date & Time	 Authorised Driver's Signature Date & Time	 Recording Centre Personal Signature Date & Time
--	---	---

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 12/12/2018 at about 1625HRS, I was travelling along Balestier Road towards Thomson Road. When I was outside Quality Hotel Marlow on the extreme right lane, the vehicle in front of me stopped, and hence I followed suit. Suddenly, I felt an impact on the rear of my vehicle. I alighted my vehicle A and realised that it was Vehicle B which hit into the rear <sup>right</sup> portion of my Vehicle A, causing damages to my Vehicle A.

DECLARATION

I hereby declare that the facts stated in this report are true and correct.

*[Signature]*

*[Signature]*