

## 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	04/01/2019 13:46
Date Of Accident	03/01/2019 20:30
Exact Location Of Accident	POTONG PASIR AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKA1261X
Insured/Policyholder	
Name Of Registered Owner	WONG NAM KWONG
Co Reg No	53358199X
Email Address	NAMKWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92963291
Alternative Phone No	OFFICE-92963291
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094440011
Cover Note Number	19/09/2017 - 20/01/2019
Driver	
Name of Driver	WONG NAM KWONG
NRIC No	S0198051C
Date Of Birth	19/08/1949
Occupation	INDOOR
Date Of Driving Pass	26/09/1972
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92963291
Fax Number	
Contact Number	
Email Address	NAMKWONG@GMAIL.COM

Address	BLK 79 PASIR RIS GROVE #09-42
Postcode	518209
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : LIAN AH ENG 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

ON 03RD JAN 2019 AT ABOUT 2030HRS, I WAS SENDING MY TWO GRANDCHILDREN BACK TO THEIR HOME AT BLOCK 135 POTONG PASIR AVE 1. I STOPPED MY VEHICLE SKA1261X INFRONT OF THE BLOCK AND HANDED THE GRANDCHILDREN TO THEIR PARENTS WHO WERE WAITING ON THE ROADSIDE. I HAD MY HAZARD LIGHTS ON AND ENGINE RUNNING. AFTER THE GRANDCHILDREN HAD SAFETY ALIGHTED, I MOVED MY VEHICLE FORWARD VERY SLOWLY. ABOUT 6 SECONDS LATER, A VAN SUDDENLY APPEARED ON MY RIGHT. IT OVERTOOK MY CAR RAPIDLY, STEERED INTO MY LANE AND BRAKED HARD. IN THE PROCESS, THE VAN HIT MY FRONT RIGHT MUDGUARD AND TORE OUT MY FRONT BUMPER. IT ALL HAPPENED SO FAST THAT I HAD NO CHANCE TO TAKE EVASIVE ACTION. MY WIFE WHO WAS SEATED BESIDE ME WAS DEEPLY SHOCKED AND TRAUMATISED. I ENCLOSE A DASH CAM VIDEO RECORDING AND PHOTOGRAPHS OF THE ACCIDENT FOR YOUR INVESTIGATION PLEASE. I WISH TO ADD ON THAT DUE TO THE IMPACT, MY VEHICLE WAS SHIFTED TO THE LEFT AND IT HIT AGAINST THE SIDE KERB.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO SIZE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW9528G
Vehicle Make/Model/Colour	VAN
Details Of Properties	REAR LEFT PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JASON LIM CHIN SIEW

NRIC/Passport Number	S7346635J
Contact Number	90267568
Address	BLK 106 ALJUNIED CRESENT #03-217
Postcode	380106
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT/

D.O.A: 31/19

Vehicle No: SKA1261X

Make / Model: H/Avenue

Report Date: 1/4/2019 Start Time: 2:18 PM

Reporting Type: 7P End Time: / /

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.
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 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 reasonable required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, law or court orders.

1/4/2019 14:18

Policyholder's Signature  
Date & Time:

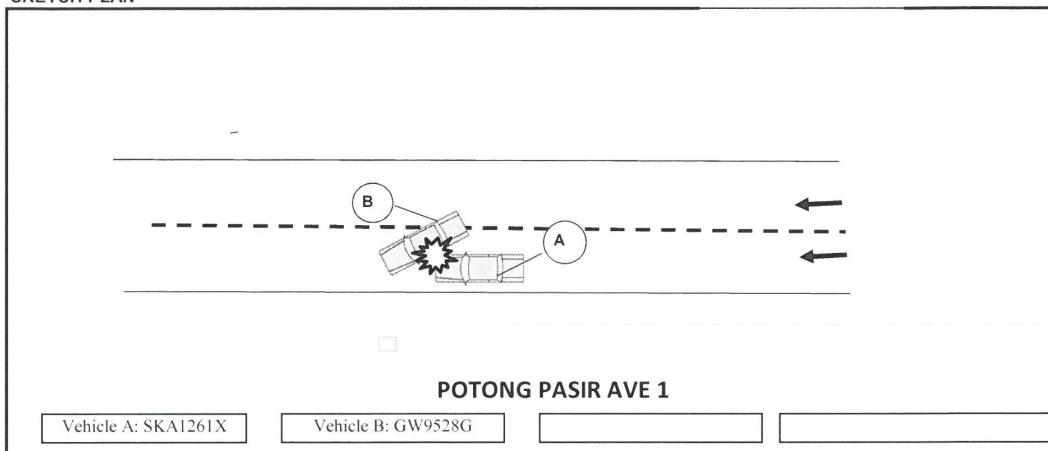
Driver's Signature (If driver is not the policyholder)  
Date & Time:

1/4/2019 14:18

Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC Fin No: S990765

## Sketch Plan Pg. 2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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### DECLARATION

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

1/4/2019 14:18

Policyholder's Signature  
Date & Time:

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

1/4/2019 14:18

Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/Fin No: S990765

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





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