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	15/01/2019 10:33	
Date Of Accident	15/01/2019 09:30	
Exact Location Of Accident	BEDOK RESERVOIR ROAD	
Country/State of Loss	SINGAPORE	

	DETAILS OF OWN VEHICLE	新发生,在 自己的
Vehicle Registration Number	SJK759T	
Insured/Policyholder		
Name Of Registered Owner	NGO MELISSA MARIA	

The second secon	
NRIC No	S7836121B
Email Address	NOEMAIL

Mobile Phone No (LOCAL) +65-90624876
Alternative Phone No OTHERS-91684038

Vehicle Particulars

Manufacturer HONDA

Model STREAM

Exact Purpose for which vehicle was being used at the strength of the streng

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

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 5104130588

Cover Note Number DRIVO CLASSIC

Driver

 Name of Driver
 NG KOK HOW

 NRIC No
 \$7572573F

 Date Of Birth
 18/04/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 20/03/2001

Driving Experience 17 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91684038

Fax Number
Contact Number

-ax Number

EMail Address NOEMAIL

Address

BLK 619 #11-1390

BEDOK RESERVOIR ROAD

Postcode

470619

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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)

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

I was travelling along lane 2. Suddenly, vehicle B dashed out from the side road (carpark entrance and exit). Upon seeing this, I jammed my brakes trying to avoid by the right front area of vehicle B still hit into the left front area of my vehicle A.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE SIZE TOO BIG TO BE UPLOADED

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJZ1237Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

WONG KOK KEONG

NRIC/Passport Number

S0202055F

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:	15-01-2019 / 10:41
Report No: MT/	D.O.A: <u>15-01-2019</u> Time: <u>09:30</u> hrs	Vehicle No: SJK759T	Reporting Type:

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

15-01-19 / 10:41

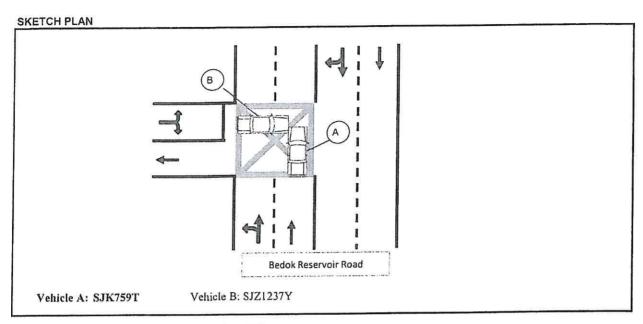
Policyholder's Signature / Date & Time

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

15-01-19 / 10:41

Alan Tang (S098825) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Peronnel



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along lane 2. Suddenly, vehicle B dashed out from the side road (carpark entrance and exit). Upon seeing this, I	
jammed my brakes trying to avoid by the right front area of vehicle B still hit into the left front area of my vehicle A.	

Declaration

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

15-01-19 / 10:41

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

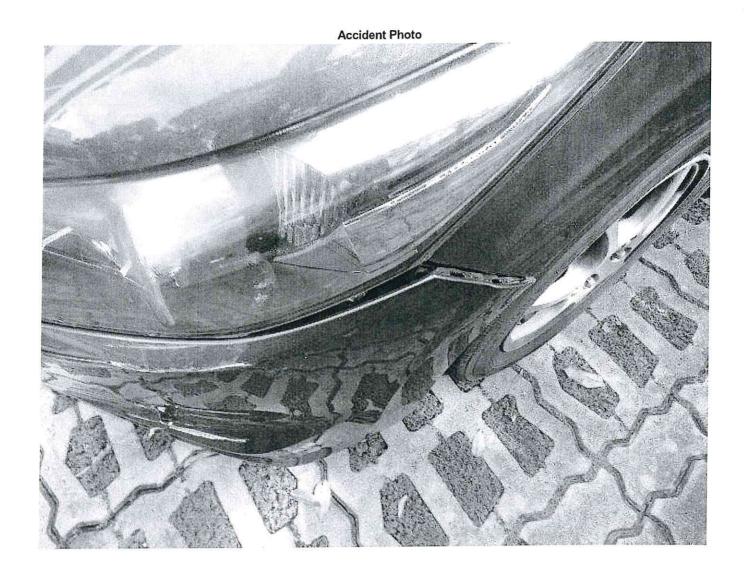
15-01-19 / 10:41

Alan Tang (S098825) Customer Care Executive Motor Service Centre

ive K

Wilnessed by Reporting Centre Personnel









Accident Photo



Accident Photo

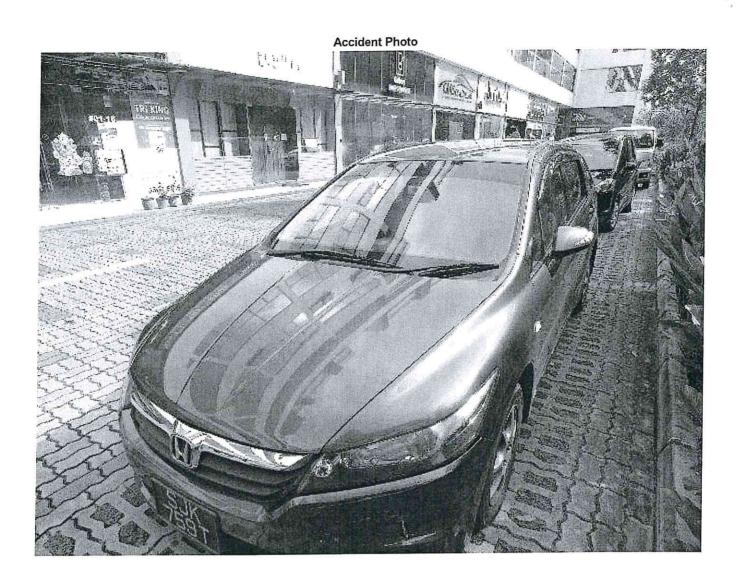














REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7572573F





Name

NG KOK HOW



浩



Sex M

S7572573F

5592438

18-04-1975

Country/Place of birth MALAYSIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with $\stackrel{>}{=}$ < 7 20 Mar 2001 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

26-04-2016

APT BLK 619 BEDOK RESERVOIR ROAD #11-1390 SINGAPORE 470619

