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

	ACCIDENT STATEMENT
Data Of Damant	
Date Of Assidust	18/01/2019 19:04
Date Of Accident	10/01/2019 19:45
Exact Location Of Accident	ALONG MIDDLE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCY8321D
Insured/Policyholder	
Name Of Registered Owner	AIS AUTOMOBILE PTE LTD
Co Reg No	201828408E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97516802
Alternative Phone No	OFFICE-97516802
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PICNIC AUTO W/O ROOF RACK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5104265335
Cover Note Number	
Driver	
Name of Driver	KOH BUAN HENG
NRIC No	S13364947

S1336494Z NRIC No 25/03/1958 Date Of Birth Occupation **INDOOR Date Of Driving Pass** 01/01/1978 **Driving Experience**

41 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82223383

Fax Number

Contact Number OFFICE-82223383

EMail Address NOEMAIL

BLK 114 JURONG EAST STREET 13 Address

#01-400

Postcode 600114

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

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

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER: : MALE

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLE5837B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGT9884T

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

IMPORTANT NOTICE

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- The report will be forwarded by the insurers of the GIA Records Management Control established by the General Insurance
 Association of Singapore (GIA) for architing and that copies of this report will for a fee be made available upon application by
- By the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the control and to copies of the report being made available aforesaid.
- 5. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, arknowledge, agree and enment that:

- (ii) 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 oppossessed by my insurer (collectively the "Personal Information to all insurer); who have insured vehicle(s) involved in this accident (ell insurer); who have insured vehicle(s) involved in this accident (ell insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/jaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of s
 - processing, handing and/or desing with my dains including the settlement of the claims and any necessary investigations relating to the stainer;
 - (ii) investigating the accident and/or my distinst
 - (iii) carrying out and/or deaths, with my instructions or responding to any enquiries by mo;
 - (iv) administering my claims (including the melling of correspondence, statements, invoices, reports or notices to me, which could invoive disclesure 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 estiministering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (1) Ell insurer(s) who have insured vehicle(s) is worked in this accident and the leavers' lawyers/faw fithms, may/are petrofited to softent, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal information may/ran be disclosed by any of the insurers and/or GIA to their third party service providers or agency/rejuding their lewyam/raw firms), which may be sited outside of Singapore, for one or more of the chove Purposes.
- my Personal Information will also be collected and used to comple distins history for the purpose of freed detection, invastigation and management in present and as future claims.
- (e) the information so collected ander (d) above may be shared / disclosed:
 - (ii) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, requistors, law enforcement and government agencies as reasonably required for the purposes stated, or

(2) for complying imments under any regulations, laws or court orders.

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

NRIC/FIN No.1

Registring Centre

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Accident Sketch Plan

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