

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 | 18/01/2019 16:51 |
| Date Of Accident | 18/01/2019 08:20 |
| Exact Location Of Accident | PORTSDOWN AVE TO AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--|
| Vehicle Registration Number | SLC7563M |
| Insured/Policyholder | |
| Name Of Registered Owner | QUEK CHEE HEONG |
| NRIC No | S7024798D |
| Email Address | QUEKCHEEHEONG@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-98173075 |
| Alternative Phone No | OTHERS-98173075 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | SHUTTLE-1.5 G (A) |
| 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 | 5080398433-02 |
| Cover Note Number | |
| Driver | |
| Name of Driver | QUEK CHEE HEONG |
| NRIC No | S7024798D |
| Date Of Birth | 17/07/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 31/03/1992 |
| Driving Experience | 26 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98173075 |
| Fax Number | |
| Contact Number | OTHERS-98173075 |
| E-Mail Address | QUEKCHEEHEONG@YAHOO.COM.SG |

Address BLK. 420 CANBERRA ROAD
#10-411
Postcode 750420
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
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?
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: : AVIS TEO
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

THE ACCIDENT OCCURRED ON 18 JAN 2019, 0822 HOURS, ON PORTSDOWN AVE TOWARDS AYE. I WAS DRIVING ON LEFT EXTREME LANE AS 2 INTEND TO TAKE EXIT TO AYE. THE OTHER VEHICLE , BMW WAS DRIVING ON LANE 3 AND AS NO SIGNAL LIGHTS & JUDGING FROM SPEED, APPEARS INTENDED TO KEEP TO ITS LANE. HOWEVER, UOPON APPROACHING THE EXIT AS SHOWN IN DIAGRAM ABOVE, IT SHIFT TO ITS LEFT SUDDENLY AND HIT REAR RIGHT SIDE OF MY CAR. THE BMW DRIVER SPEED OFF. I CHASED HER UNTIL ONE-NORTH AVE. THE DRIVER APOLOGIES FOR ACCIDENT AND CLAIMED NOT AWARE OF THE KNOCK.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKC9197K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver ONG CHIEW SIA ALEXIA
NRIC/Passport Number S9441211J
Contact Number
Address

SKETCH PLAN

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

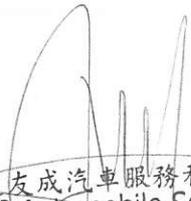
I understand, acknowledge, agree and consent that:

- (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.



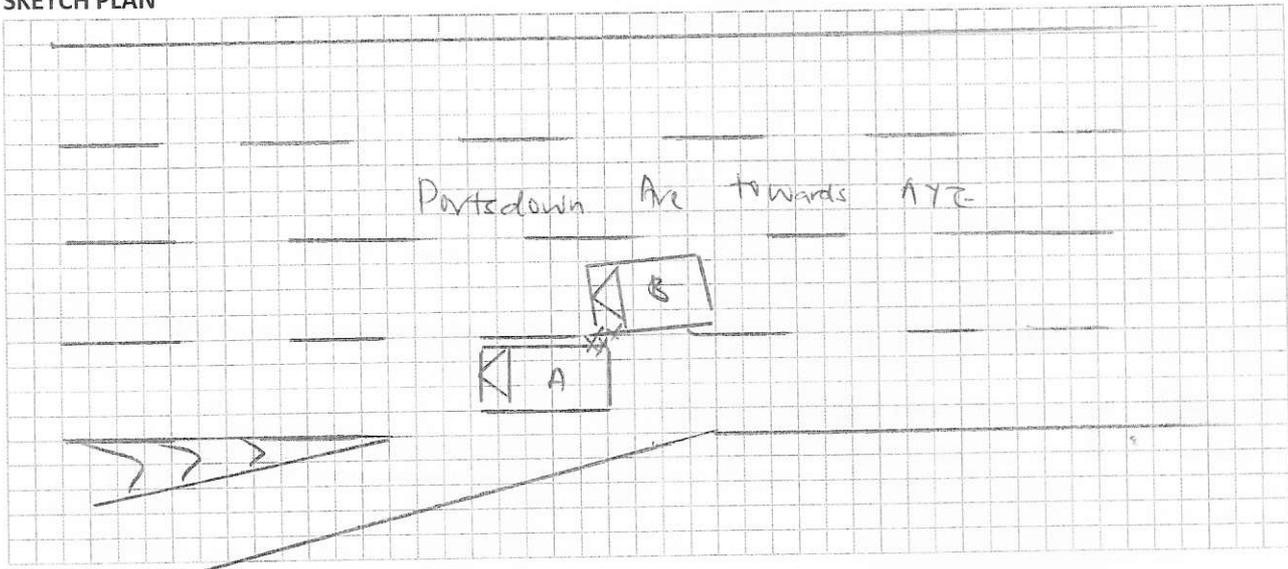
Policyholder's Signature
Date & Time:

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


 進友成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
Reporting Centre, 100 Selegie Road, East 1
Name: #07-77 Admiralty Industrial Park
Singapore 757700
NRIC/FIN No.: 2098 (3 lines) Fax: 6219 2096
Tel: 6219 2098

SKETCH PLAN

A - SL C 7563 M B - SK C 9197 K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident occurred on 18 Jan 2019, 08 22 hours, on Portdown Ave towards AYB.

I was driving on left extreme lane as I intend to take exit to AYB. The other vehicle, BMW was driving on lane 3 and as no signal lights I judging from speed, appears intended to keep to its lane.

However, upon approaching the exit as shown in diagram above, it shift to its left suddenly & hit rear right side of my car.

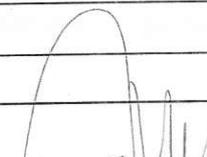
The BMW driver sped off. I chased her until One-North Ave. The driver apologised for accident & claimed not aware of the accident.

DECLARATION

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


 Policyholder's Signature
 Date & Time:

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


 進友成汽車服務私人有限公司
 CYS Automobile Services Pte Ltd
 38 Woodlands Industrial Park East 1
 #07-17 Admiralty Industrial Park
 Singapore 757700
 Reporting Centre Person's Signature
 Name: Tel: 6219 2096 (lines) Fax: 6219 2096
 NRIC/FIN No.: S8403070