

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	19/01/2019 09:22
Date Of Accident	18/01/2019 18:30
Exact Location Of Accident	SHENTON WAY & MAXWELL RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE4877D
Insured/Policyholder	
Name Of Registered Owner	KAN MUN KHUEN MICHAEL
NRIC No	S7412968D
Email Address	CONTACTKNK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91810619
Alternative Phone No	OTHERS-91810619

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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	5100877491
Cover Note Number	COMPREHENSIVE

Driver

Name of Driver	KAN MUN KHUEN MICHAEL
NRIC No	S7412968D
Date Of Birth	13/03/1974
Occupation	INDOOR
Date Of Driving Pass	04/02/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91810619
Fax Number	
Contact Number	OTHERS-91810619
Email Address	CONTACTKNK@GMAIL.COM

Address	BLK 223 SIMEI STREET 4 #02-16
Postcode	520223
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	-
	-
	-
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER 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

I INCHED OUT AND STOPPED MY VEHICLE AT THE TRAFFIC CROSS-JUNCTION TO GIVE WAY TO PEDESTRIAN WHEN VEHICLE B WHICH WAS SUPPOSED TO TURN RIGHT CUT INTO MY LANE SUDDENLY AND HIT INTO THE RIGHT PORTION OF MY VEHICLE. I WISH TO INFORM THAT MY VEHICLE WAS STATIONARY AT THE POINT OF ACCIDENT INSIDE THE YELLOW THE BOX AND VEHICLE B DRIVER WAS RECKLESSLY GOING AGAINST THE FLOW OF TRAFFIC.

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	SMC1556L
Vehicle Make/Model/Colour	NISSAN SUV
Details Of Properties	LEFT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	HATTON COLIN ALFRED
NRIC/Passport Number	S8660725E
Contact Number	84656956

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Vehicle No. SKE 4877D

Report Date: 19/1/2019 Start Time: 10:09 AM

Report No: MT _____ D.O.A: 18 1.19

Make - Model: Mercedes C180

Reporting Type: TP End Time: _____

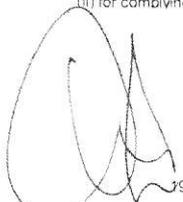
SKETCH PLAN

IMPORTANT NOTICE

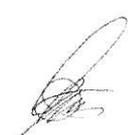
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8. **Consent under the Personal Data Protection Act (PDPA)**

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 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.

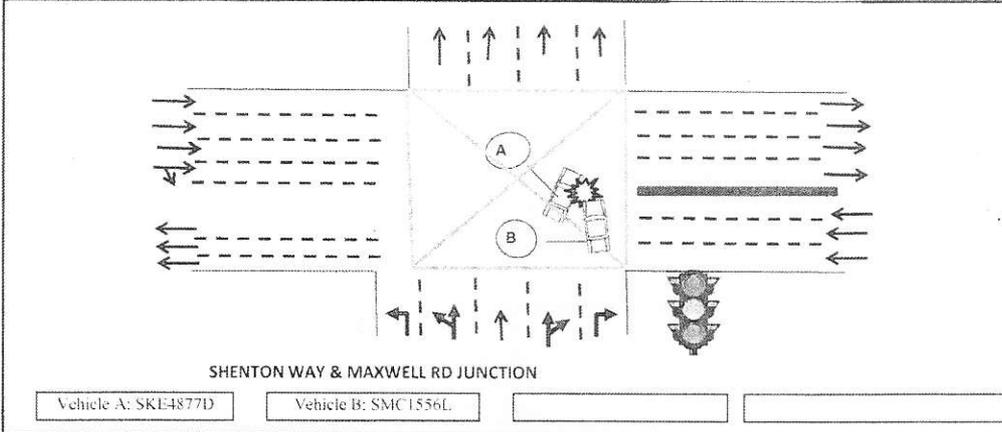

 19/1/2019 10:08
 Policyholder's Signature
 Date & Time:

19/1/2019 10:08
 Driver's Signature (If driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature
 Name: Eric Woo Jun Kiat
 NRIC/ Fin No: S992753

Sketch Plan Pg. 2

SKETCH PLAN

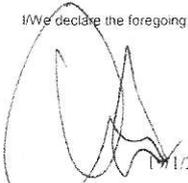


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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


 19/1/2019 10:08
 Policyholder's Signature
 Date & Time:

19/1/2019 10:08
 Driver's Signature (If driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature
 Name: Eric Woo Jun Kiat
 NRIC/ Fin No: S992753