

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	07/02/2019 11:08
Date Of Accident	04/02/2019 18:15
Exact Location Of Accident	ALONG PIE CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK5676B
Insured/Policyholder	
Name Of Registered Owner	TAN CHENG BOCK
NRIC No	S1383799F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81684691
Alternative Phone No	OTHERS-81684691

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E 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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5100408665
Cover Note Number	

Driver

Name of Driver	TAN SHI YA, GERALDINE
NRIC No	S9041839D
Date Of Birth	01/11/1990
Occupation	INDOOR
Date Of Driving Pass	11/01/2010
Driving Experience	9 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90296182
Fax Number	
Contact Number	
EMail Address	GERRYGERRIE@GMAIL.COM

Address BLK 230 #10-178 SIMEI STREET 4
Postcode 520230
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured CHILDREN
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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) 4
Passenger 1
NAME: : TAN AH YONG
GENDER: : FEMALE
Passenger 2
NAME: : THAIN MAY CHUN
GENDER: : FEMALE
Passenger 3
NAME: : HO JUN YOU
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

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. WHILE IN THE MIDST OF TRAVELLING, VEHICLE IN FRONT OF ME STOP. I THEN FOLLOW SUIT. THAT IS WHEN VEHICLE B(SGP5630G) UNABLE TO STOP ON TIME AND THUS THE COLLISION TOOK PLACE.

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 SGP5630G
Vehicle Make/Model/Colour HONDA AIRWAVE 1.5 A
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MUHAMMAD SHAFIQ BIN RUSLI

NRIC/Passport Number

Contact Number

81380137

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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. 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.

07 FEB 2013

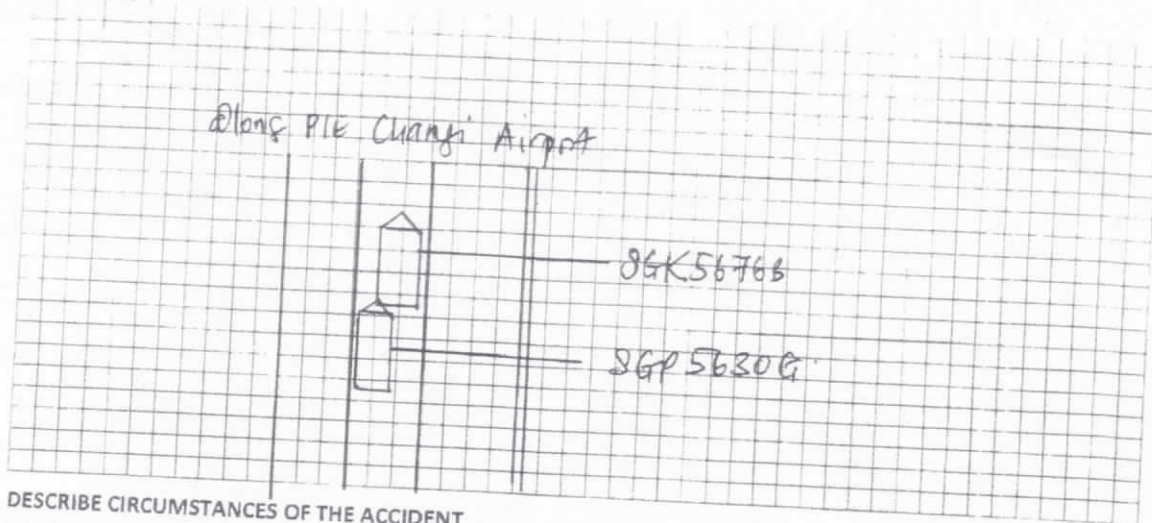
Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)

Reporting Centre
Name: **23 Kaki Bukit Ave 4**
Singapore 415933
Tel: **67416697** Fax: **67492305**
Email: **vackb@singnet.com.sg**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer

e-file

gerrygerrie@gmail-com

DECLARATION

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

INVA TIAL 6 INDEXES
CERT 97 406410

Policyholder's Signature

Date & Time

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

07 FEB 2019

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4

Reporting Centre Personnel's Name:
Singapore 415983
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg