

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	11/03/2019 14:53
Date Of Accident	11/03/2019 12:35
Exact Location Of Accident	UPPER THOMSON RD TOWARDS SIN MING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2056R
Insured/Policyholder	
Name Of Registered Owner	PEH BOON CHENG
NRIC No	S1682961G
Email Address	RAYMONDPEH98@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98151907
Alternative Phone No	OTHERS-98151907

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088663553-01
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	PEH BOON CHENG
NRIC No	S1682961G
Date Of Birth	27/12/1965
Occupation	INDOOR
Date Of Driving Pass	20/05/1985
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98151907
Fax Number	
Contact Number	OTHERS-98151907
EEmail Address	RAYMONDPEH98@GMAIL.COM

Address BLK 245 SIMEI STREET 5 #06-54
 Postcode 520245
 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 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) 5

Passenger 1 NAME: : PASSENGER
 GENDER: : MALE
 Passenger 2 NAME: : PASSENGER
 GENDER: : FEMALE
 Passenger 3 NAME: : PASSENGER
 GENDER: : FEMALE
 Passenger 4 NAME: : PASSENGER
 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

VEHICLE IN FRONT OF ME SLOWED DOWN AND I FOLLOWED SUIT WHEN VEHICLE B COULD NOT BRAKE IN TIME AND HIT INTO THE REAR PORTION OF MY VEHICLE.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: FILE SIZE TOO BIG
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT7053D
 Vehicle Make/Model/Colour MAZDA

Details Of Properties

FRONT PORTION

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)

2

Passenger 1

NAME: : PASSENGER

GENDER: : MALE

Sketch Plan Pg. 1

NRIC Income Motor Service Centre

Report No: MI

D.O.A

11 3 19

Vehicle No

SLM2056R

Make Model:

Honda Vezel

Report Date: 11/3/2019

Start Time: 2:50 PM

Reporting Type

TP

End Time:

SKETCH PLAN

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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.
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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 enquires 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.



11/3/2019 14:59

Policyholder's Signature
Date & Time

11/3/2019 14:59

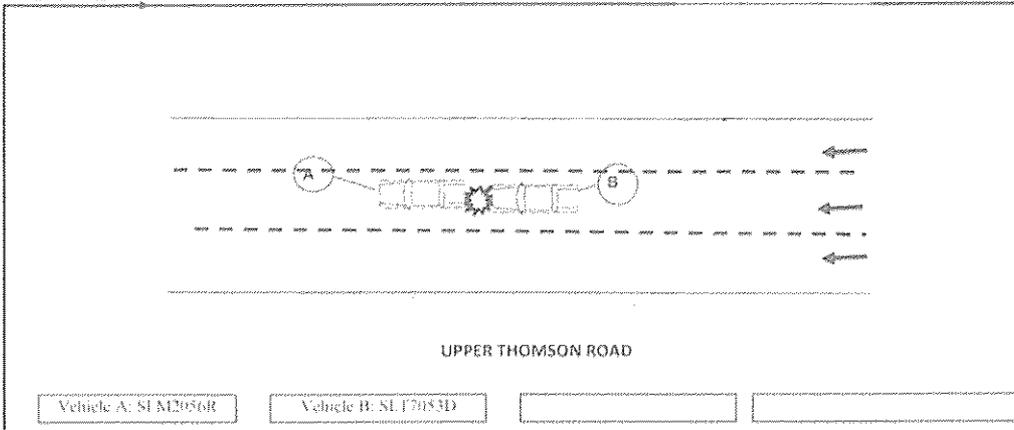
Driver's Signature (If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE IN FRONT OF ME SLOWED DOWN AND I FOLLOWED SUIT WHEN VEHICLE B COULD NOT BRAKE IN TIME AND HIT INTO THE REAR PORTION OF MY VEHICLE.

DECLARATION

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

11/3/2019 14:59

Policyholder's Signature
Date & Time.

11/3/2019 14:59

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