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 <u>truthful and accurate</u> 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 aforesaid.

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	ACCIDENT STATEMENT
Date Of Report	25/03/2019 09:44
Date Of Accident	24/03/2019 19:30
Exact Location Of Accident	TAMPINES CTRL 1 TOWARDS TAMPINES CONCOURSE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL5361G
Insured/Policyholder	
Name Of Registered Owner	IRENE EE
NRIC No	S8070589A
Email Address	MARXKOHCA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96906699
Alternative Phone No	OTHERS-96955686
Vehicle Particulars	
Manufacturer	VOLVO
Model	S80-1.6 T4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	5084769581-02
Cover Note Number	
Driver	

Name of Driver KOH CHOON ANN (XU JUN'AN)

NRIC No S7818546E

Date Of Birth 01/07/1978

Occupation INDOOR

Date Of Driving Pass 20/11/1997

Driving Experience 21 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96955686

Fax Number

Contact Number OTHERS-96906699

EMail Address MARXKOHCA@GMAIL.COM

Address BLK 518A TAMPINES CENTRAL 7

#11-80

Postcode 521518

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

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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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 4

Passenger 1 NAME: : IRENE EE

GENDER: : FEMALE

Passenger 2 NAME: : TRISTON KOH

GENDER: : MALE

Passenger 3 NAME: : JAZZABELLE KOH

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

PLEASE REFER TO SKETCH PLAN

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 SKE4818A

Vehicle Make/Model/Colour HONDA STREAM

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver MOHAMMAD FIRDHAUS BIN SHARIFFUDIN

NRIC/Passport Number S8425389H

Contact Number 94880213

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1 NAME:

GENDER: :

Passenger 2 NAME: :

GENDER: :

Sketch Plan

SKETCH PLAN

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 interested parties.
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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:
 - 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:
 - 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: 25 3 11

C09211114

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Sketch Plan #2

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			wife Ivene Ee, my
son Triston Koh and	my daughter Jazzal	zelle Koh.	and the second
My car was	along Tampines Cent	rul 1 beside Tam	pines Plazu before the
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was red so I stopp	red behild the car	r in front of v	nine When the traff
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and stopped as th	eve was on meter	regule waiting to	tunn vight, I foll
to move slightly	forwarded and stop	ped behind the c	ar in front of mine
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It was quite a +	forceful hit and I	checked with al	I my passengers and
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outo mine the ched			e injured My year
was distibly daman	ged and his front i	pumber and grille i	was damaged too.
			/
DECLARATION I/We declare the foregoing partic	culars are true in every respect.		
DECLARATION I/We declare the foregoing partic	culars are true in every respect.		/ Moderal
	culars are true in every respect.		Ja 25/03/201
	Driver's Signature (If driver is not the policyh		ting Centre Personnel's Signature









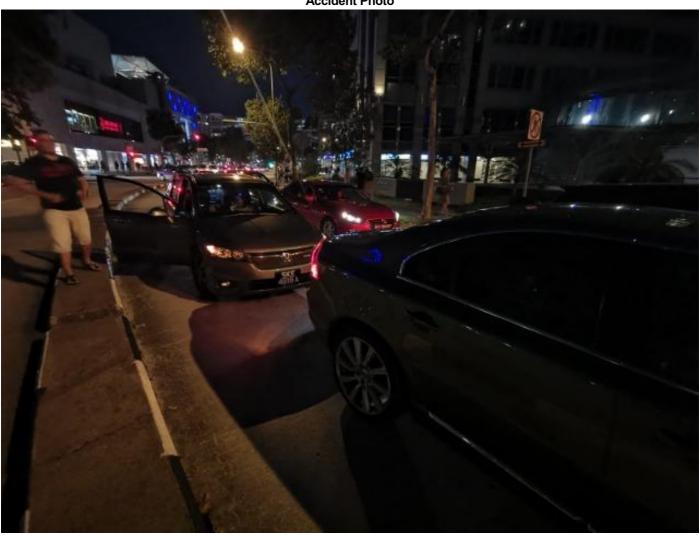


















Identification Card







