

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	01/04/2019 19:33
Date Of Accident	29/03/2019 19:20
Exact Location Of Accident	UPPER SERANGOON RD OPPOSITE HOLY INNOCENTS SCHOOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2765X
Insured/Policyholder	
Name Of Registered Owner	TANG BEE KIM PAULINE (CHEN MEIJIN PAULINE)
NRIC No	S7125575A
Email Address	PAULINELIZ88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96864898
Alternative Phone No	OTHERS-96864898

Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.8 TFSI MU CVT (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	5097597491-01
Cover Note Number	

Driver

Name of Driver	TANG BEE KIM PAULINE (CHEN MEIJIN PAULINE)
NRIC No	S7125575A
Date Of Birth	01/08/1971
Occupation	INDOOR
Date Of Driving Pass	17/06/1992
Driving Experience	26 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96864898
Fax Number	
Contact Number	OTHERS-96864898
E-Mail Address	PAULINELIZ88@GMAIL.COM

Address	BLK 120B RIVERVALE DRIVE #14-388
Postcode	542120
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)	1

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	SLX8105K
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ISABELLA LIM YI XUAN
NRIC/Passport Number	S9027347G
Contact Number	96870846
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

Veh A: SKG JF65 X
Veh B: SLY 8105 K

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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.

** I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature [Signature]
Date & Time: 11/4/2019 3:24 PM

Driver's Signature [Signature]
Date & Time: 11/4/2019 3:25 PM

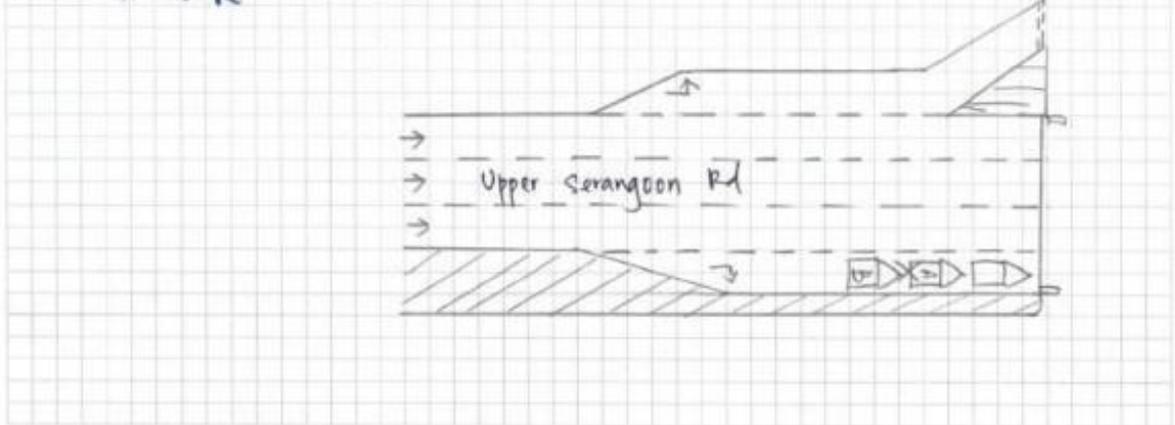
Reporting Centre Personnel's Signature [Signature]
Name: Reshmi Vaidyanathan
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Veh A: 9KH 265X

Veh B: 9LX 810SK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i was stationary at the traffic light along Upper Serangoon Rd.
 Sudden i felt an impact from my rear, Vehicle B collided onto rear of my
 vehicle.

DECLARATION

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

[Signature] 1/4/2019
 Policyholder's Signature
 Date & Time: 3:25pm

[Signature] 1/4/2019
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 3:25pm

[Signature] 1/4/2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

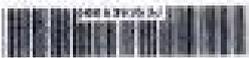
License No. **S7125575A**



TANG BEE KIM PAULINE
(CHEN MEIJIN PAULINE)

Issue Date: **01 Aug 1997**
Expiry Date: **03 Jul 2005**

FOR S7125575A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7125575A**



Name

TANG BEE KIM PAULINE
(CHEN MEIJIN PAULINE)
陈美金

Field

CHINESE

Sex

F

Date of Birth

01-08-1977

Place of Birth

SINGAPORE




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS 1 Motor Cars and Motor Tractors the weight of which under full load does not exceed 2000 kilograms

ISSUANCE DATE

17 Jan 1997

License No. **S7125575A**



BT-4254

0478714



License No. **S7125575A**



Place of Birth

CH

Date of Birth

17-08-1977

APT BLK 1309 RIVERSIDE DRIVE #14-308
SINGAPORE 542120

NRIC No. **S7125575A** Date: **28/03/2005** No. **508-3014**

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA419042438 Vehicle Registration No: SKG2765X
Name(as shown in NRIC): TANG BEE KIM PAULINE NRIC/FIN/Passport No : S7125575A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore()
Contact (Tel) : Mobile No. : 9686 4898
Email Address :
Date of Accident : 29.3.2019 Time of Accident : 1920HRS
Place of Accident : UPPER SERANGOON RD OPPOSITE HOLY INNOCENTS SCHOOL
Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

2.4.2019 AMEND THIRD PARTY VEHICLE NUMBER SLX8105X TO SLX8105K

TANG BEE KIM PAULINE
Policyholder / Driver's Signature
Date: 2.4.2019

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: