

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 20:38
Date Of Accident	01/04/2019 08:40
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ5179D
Insured/Policyholder	
Name Of Registered Owner	MOK SOO
NRIC No	S2562678H
Email Address	JESSEMOK87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90035890
Alternative Phone No	OTHERS-86883810

Vehicle Particulars

Manufacturer	LEXUS
Model	NX200T-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO WORK
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	5107826509
Cover Note Number	

Driver

Name of Driver	MOK JESSE
NRIC No	S8770184J
Date Of Birth	07/12/1987
Occupation	INDOOR
Date Of Driving Pass	23/05/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	+65-86883810
Fax Number	
Contact Number	OTHERS-90035890
Email Address	JESSEMOK87@GMAIL.COM

Address	BLK 29 HAZEL PARK TERRACE #01-08
Postcode	678950
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	SIDE SWIPE
Weather Conditions	CLOUDY
Road Surface	WET

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	FBM6321S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	JOHAN BIN RAMLI
NRIC/Passport Number	S9545612Z
Contact Number	98354904
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCU7693B
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

GOH KIM HOCK

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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.

Policyholder's Signature
Date & Time:

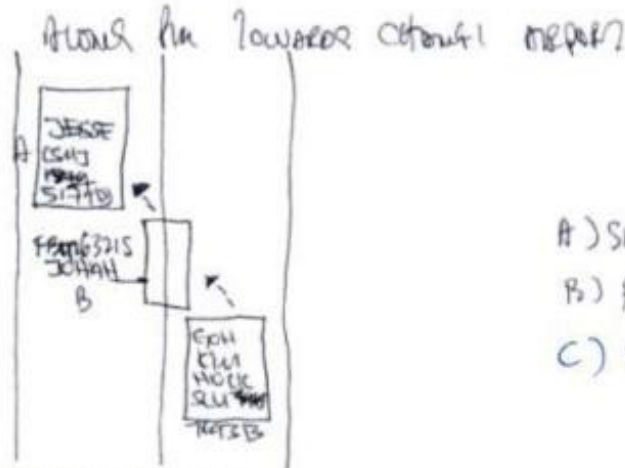
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

Accident Sketch Plan

SKETCH PLAN



- A) SMJ 7693B
- B) Fern 63215
- C) SCU 7693B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

• LOCATION/TIME ⇒ PIE / 08:40HRS.

JOHAN WAS RIDING BEHIND MY VEHICLE BUT TOOK AN EMERGENCY SUDDEN SWERVE TO HIS LEFT DUE TO AN APPROACHING VEHICLE ON HIS RIGHT. JOHAN HAS THIS CAUSED A BENT AND SCRATCH ON MY CAR REAR PANEL. NO ONE WAS INJURED DURING THIS ACCIDENT.

THE APPROACHING VEHICLE DRIVING ON THE RIGHT OF JOHAN WAS MR GOH KIM HOCK (S7407202Z) CAR PLATE NO: SCU 7693B.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



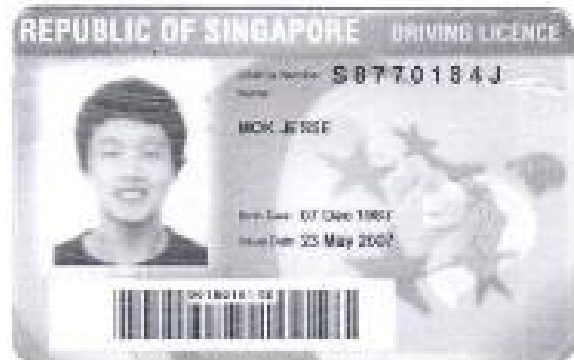
Accident Photo



Accident Photo



Identification Card



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: S665500200 / GST Reg. No: M400017733

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: MNA419042470 Vehicle Registration No: SWJ 5179D
Name (as shown in NRIC): JESSE MOK NRIC/FIN/Passport No: S87701890
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: 29 HAZEL PARK TERRACE Singapore: 678950
Contact (Tel): _____ Mobile No.: 8688 3810
Email Address: JESSE MOK 83@gmail.com
Date of Accident: 1ST APRIL 2019 Time of Accident: 08:40
Place of Accident: PTE (TOWARDS CHAN H91)
Insurance Company: NTU

(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:

	LANE 2	LANE 1
MR GOH KIM HOCK MADE AN ADJUST		
TOWARDS		
CHANGE FROM LEFT LANE AND JOHAN	JESSE MOK	
TOOK EMERGENCY SWERVE TO HIS RIGHT	SWJ 5179D	
WHICH MADE CONTACT TO MY		
VEHICLE REAR RIGHT PAXEL		FBAG3215
		JOHAN
		GOH KIM HOCK
		SW
		76933

Jesse Mok
Policyholder / Driver's Signature
Date: 9/5/2019

09/05/2019
Reporting Centre Personnel's Signature
Name: Josh Watson
NRIC/FIN No.: _____
Date: _____