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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/04/2019 16:14
Date Of Accident	02/04/2019 14:40
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR7402P
Insured/Policyholder	
Name Of Registered Owner	TANG CHENG YE (TANG JINGYI)
NRIC No	S8018694J
Email Address	CAROLYNN_TANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87746332
Alternative Phone No	OTHERS-87746332
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	REPORTING ONLY
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	5100873797
Cover Note Number	

	١,	

Name of Driver TANG CHENG YE (TANG JINGYI)

 NRIC No
 \$8018694J

 Date Of Birth
 09/06/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 09/06/2016

Driving Experience 2 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-87746332

Fax Number

Contact Number OTHERS-87746332

EMail Address CAROLYNN TANG@HOTMAIL.COM

Address BLK 307D ANCHORVALE ROAD

#11-92

Postcode 544307

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

-

2

NO

NO

1

NO

NO

General Information of the Accident

Type Of Accident SIDE SWIPE
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?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ES9939Z
Vehicle Make/Model/Colour AUDI

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver WAN TECK SOON CALVIN

NRIC/Passport Number S8119022D Contact Number 81818175

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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)
 - (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
- 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.
- 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: 3 April

11000

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

Peporting Centre Personnel Signature NRIC/FIN No.

Accident Sketch Plan

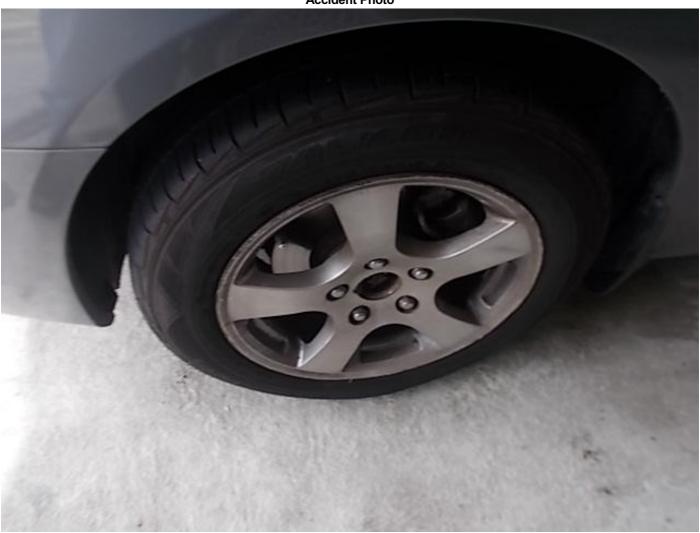
	LOWER DRUM ROAD	
ETCH PLAN	1111111	
	82 4 4	
		A) SJR7402P
ZALAN BU	KIT MAKAH	(B) ES9939Z
		(1) 12 113/2
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
The accident happ	and along Lower Devia Rand on	2 April 19 at around
1438 hours.		
Both our care	at sale more of from some or	after light and we
merged into Am	i some care after the perflec	lique. I slightly
bunged into E	5 9939 2 Audi 285 's right	type. The impact
was very small	1. The damage was only b	oth our type our.
HIS was bet	ory sow sin , was tolps dui	nt left cime. It
was only a !	gen accordnes. Photos were hake	m. Body had no
damages.	0	
	als and contact nos were exclu	emped. He claims
	s car hence will sent for al	
and own ass		
and the man		
DECLARATION	inches are true in many variant	/
I/we declare the foregoing part	iculars are true in every respect.	1 1 1 10
Jacob Comment		03/04/200
Policyholder's Signature	Driver's Signature Repor	ting Centre Personney's Signature
Date & Time: 3 April 19	(if driver is not the policyholder) Name	FIN NO : KOPL WOOD

11.10 am







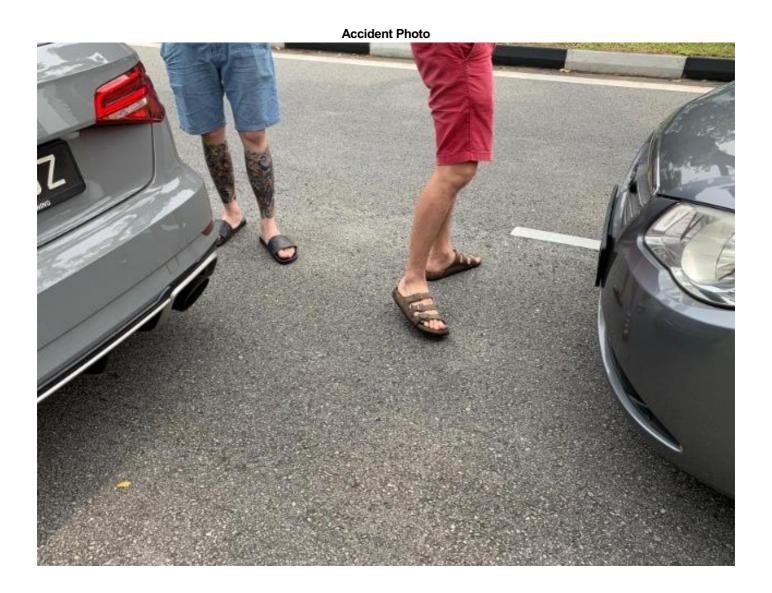












Identification Card







100 ARE LICENSED TO DRIVE VEHICLES IN THE POLLOWING CLASSICS!

CHARLES Monte from with unladed 1 weight on 2000kg will no 7. By Jun 2016, passengers, acclusive of driver, and other moles variety and other moles.

N COL