

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	03/05/2019 10:11
Date Of Accident	02/05/2019 11:45
Exact Location Of Accident	ALONG PATERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN7828R
Insured/Policyholder	
Name Of Registered Owner	MINK TAN TEK MIN
NRIC No	S2607962D
Email Address	LAETITIAS.T@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81008006
Alternative Phone No	OTHERS-81008006

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLC 180
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	5064013202-05
Cover Note Number	

Driver

Name of Driver	LAETITIAS TAN (CHEN ZHIYI)
NRIC No	S8210646D
Date Of Birth	30/03/1982
Occupation	INDOOR
Date Of Driving Pass	14/02/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81008006
Fax Number	
Contact Number	OTHERS-81008006
Email Address	LAETITIAS.T@GMAIL.COM

Address	19 SHELFORD ROAD #8-05
Postcode	288408
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	- - -
Insurance Company of Driver's Own Vehicle	- - -

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	2
Was any body injured in the Accident?	YES
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	SKF5486L
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LINDA
NRIC/Passport Number	
Contact Number	92719953
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LAETITIAS TAN (CHEN ZHIYI)
------	----------------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJN7828R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

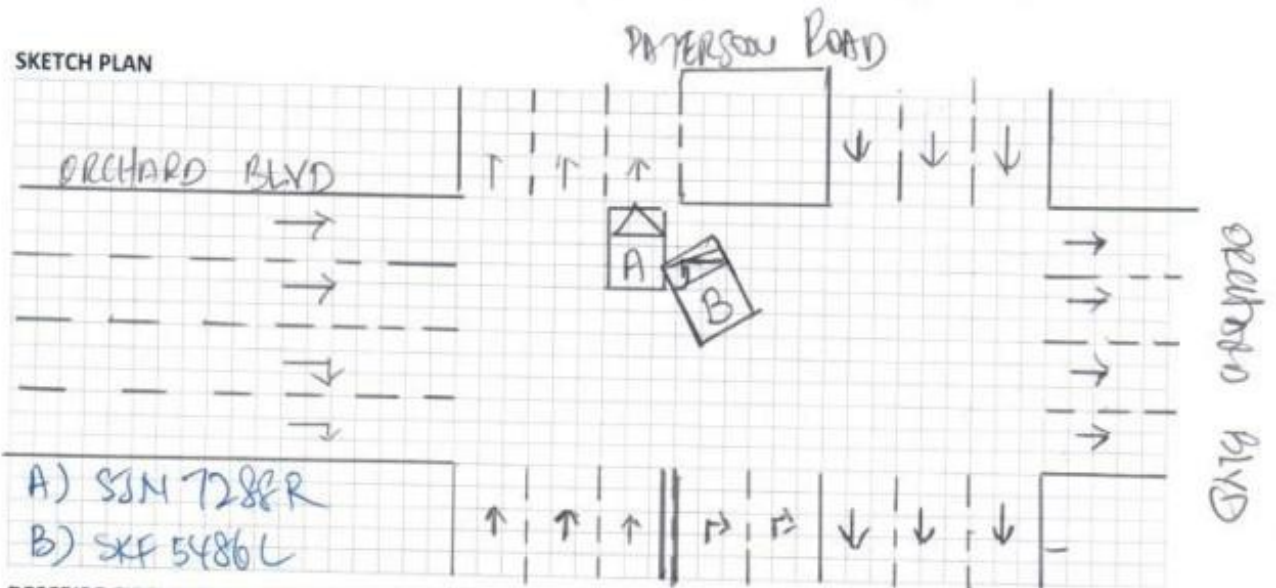
Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

02/05/2019 AT ABOUT 11:46 I WAS AT PATERSON ROAD AND JUST AFTER THE JUNCTION OF ORCHARD BOULEVARD I FELT A GREAT IMPACT ON MY RIGHT. I STOP MY CAR & SAW A CAR SKF5486L BANG ON TO THE RIGHT SIDE OF MY CAR & I WAS SHOCK & I DO NOT KNOW WHERE SHE CAME FROM. THAT ALL.

I FEEL MINOR NIPPLESH ON MY ~~EA~~ RIGHT EAR & NEAR TO MY EAR

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: 3:25pm

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

GIAR001 SketchPlanForm_V3

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所**Shalom Clinic + Surgery**

Alexandra Village
Blk 123, #01-104
Bukit Merah Lane 1
Singapore 150123
Tel: 6278 0270
Fax: 6278 4215

Shalom Clinic + Surgery
Rec. No. 286081
Date: 02 May 2019

For medical services rendered to
TAN LAETITIAS (CHEN ZHIYI)
Total amount \$ 30.00
(Dollars Thirty Only)


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民
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所**Shalom Clinic + Surgery**

Alexandra Village
Blk 123, #01-104
Bukit Merah Lane 1
Singapore 150123
Tel: 6278 0270
Fax: 6278 4215

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Alexandra Village
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#01-104 Singapore 150123
Tel: 6278 0270 Fax: 6278 4215

MEDICAL CERTIFICATE

Number: 0000072267

Date: 02-May-2019

This is to certify that the following patient:

Name: **TAN LAETITIAS (CHEN ZHIYI)** NRIC: **S8210646D**

is UNFIT FOR DUTY for 2 days

from 02/05/2019 to 03/05/2019 inclusive.

Contusion (R) Neck

DR. TONG JUN HO
MBBS (S'pore)
MCR: 043331

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S665500100 / GST Reg. No: M400017731

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: MIA419050926 Vehicle Registration No: SIN 7828R
Name (as shown in NRIC): LORENZAS TAN CECILIA ZHI YI NRIC/FIN/Passport No: 8824064ED
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 87000006
Email Address: _____
Date of Accident: 02/05/2019 Time of Accident: 11:45
Place of Accident: ATRAK BUKIT KEMAS ROAD
Insurance Company: _____

(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:

THANK IS INJURED PARTY

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Reli Loh
NRIC/FIN No.: 03105
Date: 03/05/2019