

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	17/05/2019 15:21
Date Of Accident	13/05/2019 00:05
Exact Location Of Accident	WOODLAND CENTRE RD (TAXI STAND) WDL CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6986Y
Insured/Policyholder	
Name Of Registered Owner	VISCAR LEASING PTE LTD
Co Reg No	201634983K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92309186
Alternative Phone No	OFFICE-92309186

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087371725-02
Cover Note Number	

Driver

Name of Driver	LIM ZHUN KUAN
NRIC No	S8709952J
Date Of Birth	31/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2011
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92309186
Fax Number	
Contact Number	OTHERS-92309186
Email Address	NOEMAIL

Address	BLK 338 WOODLANDS AVENUE 1 #01-561
Postcode	730338
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKK4835T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG JIANSHUN
NRIC/Passport Number	S8218569J
Contact Number	97457572
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

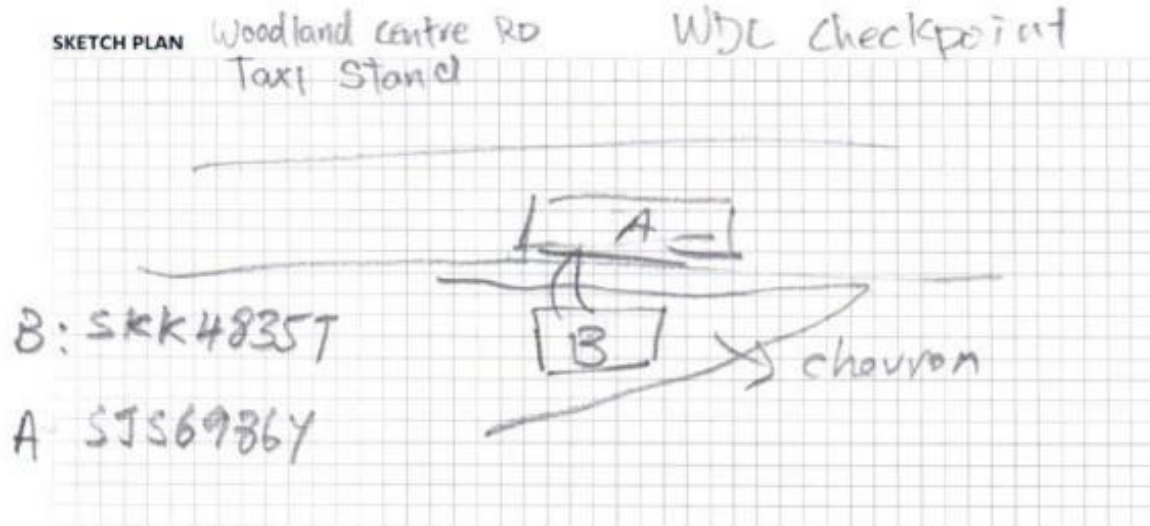


Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I'm Driving straight towards legit U-turn ahead and I heard a loud bang from my back Right Door and I stop the vehicle.

Damage: Right Passenger Door
Back Right panel

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.:

CS01/001-0001/0001/0001

Sketch Plan #3

Private settlement for motor accidents

When involved in a motor accident, you are required to report accident (whether claiming under own policy or not) with accident vehicle (whether damage or not) to our reporting centres within 24 hours or the next working day after the accident. Failure to report or late reporting of accident will result in insured's NCD reduction, upon the next renewal of your motor policy.

You can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and damages are minor. Under a private settlement, both parties agree to settle the matter amicably without suing each other. It is a legally binding agreement.

Income policyholders should send the signed form to Fax No. 6338 1500 or email attachment to motor@income.com.sg. Income will then take up the case on your behalf should the other party decide to lodge a claim subsequently. Your NCD will be protected even if we have to pay the claim.

Income collects, uses and discloses the information in this claim form for insurance and claims administration purposes. For more details about Income's Privacy Policy, please visit www.income.com.sg/others/privacy.asp

Private settlement

1. Details of Accident:

Date (dd/mm/yyyy) / Time : 13/05/2019 0005HRS Location: WOODBINES TRAIN CHECKPOINT TWO STAND

2a. Motor-vehicle registration no. SKK 4835T driven by ONG JIANSHUN S22185693 (Name & NRIC no)

and owned by ONG JIANSHUN S22185693 (Name & NRIC no)

2b. Motor-vehicle registration no. S25 6864 driven by LIM CHAI KUAN S27009523 (Name & NRIC no)

and owned by VISCAR LEASING S27009523 (Name & NRIC no)

3. There are no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably as follows: *delete a) or b) as applicable.

*a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

☒ b. Without any admission of liability, (party paying compensation) has paid a sum of \$ 300/- which (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

5. Both parties have not and will not make a police report of this accident.

6. We understand that the information collected on this private settlement form will be kept and used by Income for investigating and administering claims, fraud detection and underwriting future insurance applications.

Name (paying party): ONG JIANSHUN S22185693 Tel: 9457512 Fax: -

NRIC / Passport no: S22185693 Signature: [Signature]

Name (owner receiving compensation): LIM CHAI KUAN S27009523 (VISCAR LEASING) Tel: 9230 9186

NRIC / Passport no: S27009523 Signature: [Signature]



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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