

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	21/05/2019 10:47
Date Of Accident	18/05/2019 11:10
Exact Location Of Accident	TUAS CHECKPOINT INTO JB
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB6922Y
Insured/Policyholder	
Name Of Registered Owner	LANG LIONG KEE
NRIC No	S2553278C
Email Address	LIONGKEELANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96156627
Alternative Phone No	OTHERS-96156627
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 (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	5088294969-02
Cover Note Number	19/04/2019 - 18/04/2020
Driver	
Name of Driver	LANG LIONG KEE
NRIC No	S2553278C
Date Of Birth	22/10/1961
Occupation	INDOOR
Date Of Driving Pass	18/06/1988
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96156627
Fax Number	
Contact Number	OTHERS-96156627
EEmail Address	LIONGKEELANG@GMAIL.COM

Address	25 HILLVIEW AVE #07-07
Postcode	669558
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)	3
Passenger 1	NAME: : CHUA GENDER: : FEMALE
Passenger 2	NAME: : RUI PEI GENDER: : MALE

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

MY VEHICLE WAS TRAVELLING ON THE RIGHT LANE ALONG TUAS CHECKPOINT INTO JB (100METRE AWAY FROM JB CUSTOM). TRAFFIC WAS SLIGHTLY HEAVY. MY VEHICLE WAS SLOWING DOWN, VEHICLE B WAS BEHIND MY VEHICLE. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE REAR RIGHT PORTION. VEHICLE B HIT ONTO MY VEHICLE. NO ONE WAS INJURED.

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	SKW1320T
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	FRONT LEFT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	RAHUL PURI
NRIC/Passport Number	S8375411G
Contact Number	81816432

Address	33 BISHAN ST 21 #01-07
Postcode	579801
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : PASSENGER
	GENDER: : FEMALE

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT/

D.O.A: / /

Vehicle No:

Make / Model:

Report Date: 21/5/2019 Start Time: 11:03 AM

Reporting Type: TP End Time: / /

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 reasonable required for the purposes stated, or

(ii) for complying with requirements under any regulations, law or court orders.



21/5/2019 11:03

Policyholder's Signature
Date & Time:

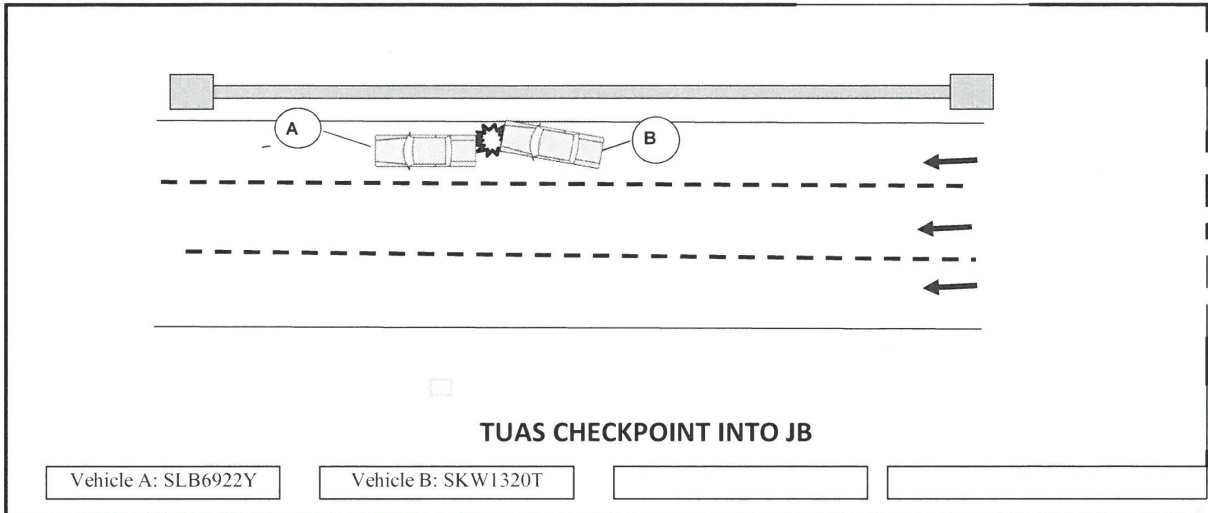
21/5/2019 11:03

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



Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

SKETCH PLAN



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DECLARATION

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

21/5/2019 11:03

Policyholder's Signature
Date & Time:

21/5/2019 11:03

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

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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