

## 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	27/05/2019 10:54
Date Of Accident	26/05/2019 12:20
Exact Location Of Accident	ANG MO KIO AVE 3 TWDS ANG MO KIO AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD95Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN SOON CHEE
NRIC No	S7322277Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97669855
Alternative Phone No	OTHERS-97669855

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD
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?	YES
If No, Please state action to be taken	
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	5075506281-03
Cover Note Number	

### Driver

Name of Driver	CHAN SOON CHEE
NRIC No	S7322277Z
Date Of Birth	13/06/1973
Occupation	INDOOR
Date Of Driving Pass	30/11/1993
Driving Experience	25 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97669855
Fax Number	
Contact Number	OTHERS-97669855
Email Address	NOEMAIL

Address	34 CHUAN HOE AVENUE
Postcode	549837
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)	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	SMA6869L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH CHEE KEONG
NRIC/Passport Number	S6901616B
Contact Number	96322773
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:

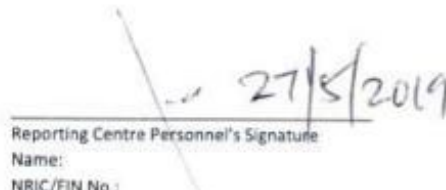
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



27/5/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

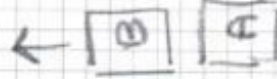
## Sketch Plan #2

### SKETCH PLAN

A - SGD 95Y

B - SMA 6869L

Ang Mo Kio Ave 10



Ang Mo Kio Ave 3

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Ang Mo Kio Ave 3.  
Vehicle B suddenly stop and vehicle A hit vehicle B.  
Vehicle A was damaged badly on the front portion.

### 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.:

-- 27/5/2019

5/1/2018 10:00 AM



### Sketch Plan #3



**NTUC Income Insurance Co-operative Limited**  
 Income Centre 75 Bras Basah Road Singapore 189557  
 Tel: 63 INCOME/6788 1777 - Fax: 6338 1500  
 Email: enquiry@income.com.sg - Website: www.income.com.sg  
 an NTUC Social Enterprise

#### Guidance Note

This Guidance Note is intended to assist you with your policy details and the accident reporting procedures.  
 If you require further assistance, please call our Command Centre (24-hour hotline) at **6789 5000**.

Ref: OF/2016-2020/10284

<b>Policy Number</b>		<b>Vehicle Number</b>	
<b>Cover Type</b> <input type="checkbox"/> Prestige <input type="checkbox"/> Prestige Third Party Fire & Theft <input type="checkbox"/> Prestige Third Party <input type="checkbox"/> Drivo Premium <input checked="" type="checkbox"/> Drivo Classic <input type="checkbox"/> Comprehensive (PWP) <input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party			
<b>No Claim Discount (NCD)</b> %		<b>Excess (Subject to Prevailing GST)</b>	
<b>NCD Protector</b> <input type="radio"/> Yes <input type="radio"/> No (1 accident within the period of insurance)		Standard Excess \$ Unnamed Excess \$ Additional Excess \$ Third Party Excess \$	
<b>Transport Allowance</b> <input type="radio"/> Yes <input type="radio"/> No (SGD50 a day up to 7 days from the first day of repair for first 2 claims within the period of insurance)			
<b>Excess Waiver</b> <input type="radio"/> Yes <input type="radio"/> No (To waive the Standard Excess of \$600 only for first 2 claims within the period of insurance)			

**Accident Report to be made at any of our Income Accident Reporting Centres within 24 hours of the accident**

#### Items to note:

- ✓ Driver of Vehicle must make report personally.
- ✓ Bring Vehicle & Vehicle Key to Reporting Centre.
- ✓ Bring Driver's NRIC, Driving Licence, Insurance Cert.

53 uni ave 1 #01-25

Paya uni

6841 0055

- ☐ Bring a Copy of Policyholder's NRIC (Front & Back).
- ☐ Bring Company's Stamp.
- ☐ Bring Police Report; Driver is to lodge Police Report as soon as possible or within 24 hours of the accident if the accident involves:

- Damage to government property
- Foreign vehicle
- Injury cases where anyone involved in the accident was conveyed to hospital or has obtained MC for 3 days or more
- Pedestrian / Cyclist
- Hit-and-run
- Fatality

- ✓ Your NCD will be affected if you fail to report the accident within the stipulated time.
- ✓ Submit video recording from your in-car camera if available.

<b>Authorised Driver/Person's Name</b>		<b>For video recording up to 10MB, you may</b> ➤ email to motorvideo@income.com.sg.  <b>For video recording more than 10MB, you may</b> ➤ submit the storage device (non-returnable) at our Income branches or Accident Reporting Centres where you file your accident report.
<b>NRIC/ID no.</b>	<b>Relationship to Policyholder</b>	
<b>Contact no.</b>	<b>Signature</b>	

#### For Official Use

<b>Issued by</b>	<b>Staff Code</b>	<b>Date (dd/mm/yyyy)</b>	<b>Time</b>
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Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





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Accident Photo



Accident Photo





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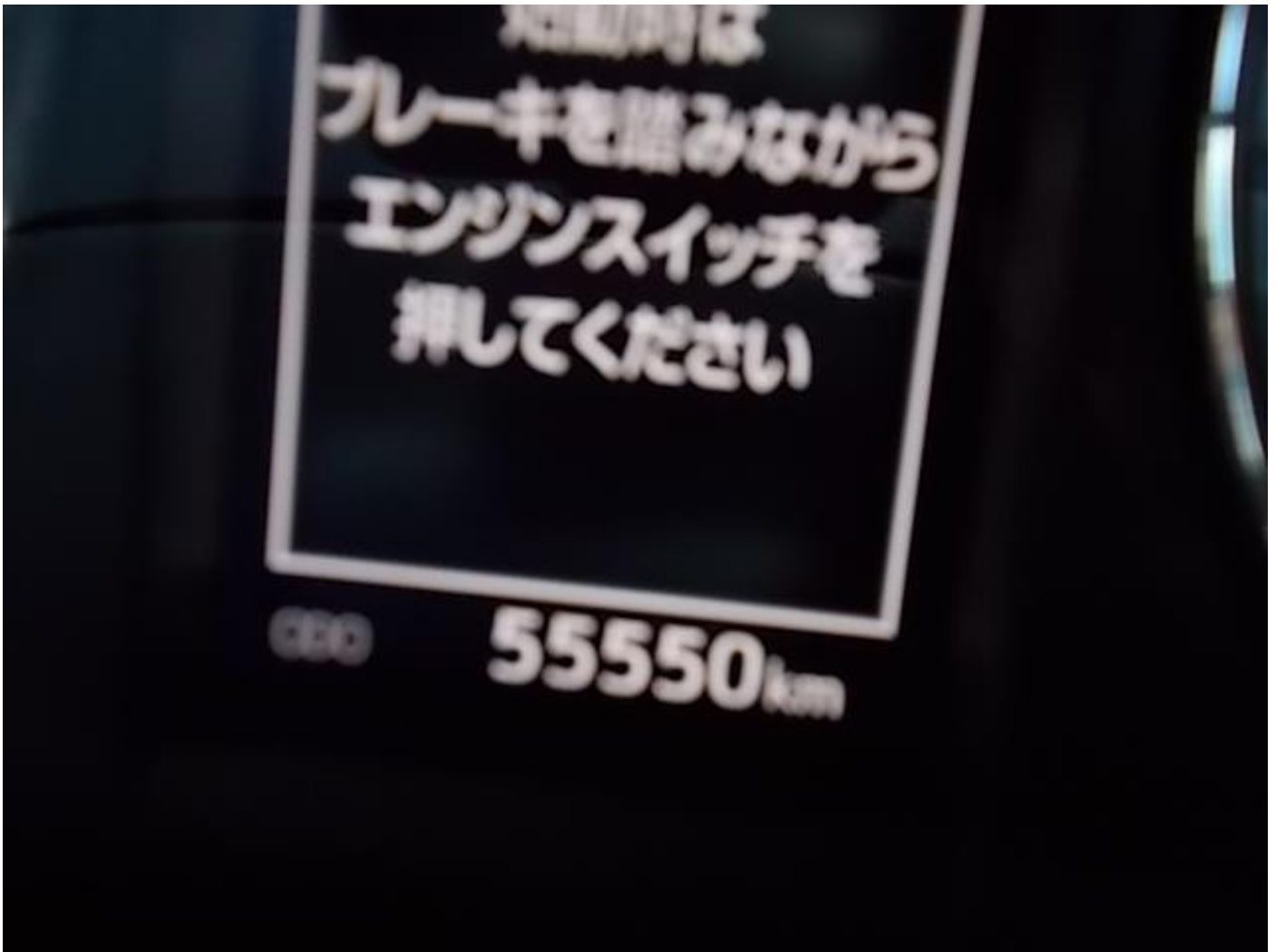


Accident Photo





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Accident Photo

