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	27/05/2019 09:26				
Date Of Accident	25/05/2019 13:10				
Exact Location Of Accident	JALAN ANAK BUKIT TWDS PIE (CHANGI)				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SMF6160X				
Insured/Policyholder					
Name Of Registered Owner	TAN MICHELLE				
NRIC No	S9507596G				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-96212042				
Alternative Phone No	OFFICE-96212042				
Vehicle Particulars					
Manufacturer	HONDA				
Model	FIT HYBRID 1.5 AUTO				
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	5104999809				
Cover Note Number					
Driver					

Name of Driver TAN MICHELLE
NRIC No S9507596G
Date Of Birth 05/03/1995
Occupation OUTDOOR
Date Of Driving Pass 02/01/2015

Driving Experience 4 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96212042

Fax Number

Contact Number OFFICE-96212042

EMail Address NOEMAIL

BLK 605 AMG MO KIO AVENUE 5 Address

#07-2735

Postcode 560605

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH1145A Vehicle Make/Model/Colour **MERZ**

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHUAN YANG KAI PAUL

NRIC/Passport Number S1503647H Contact Number 97881982

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

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TAN MICHELLE Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMF6160X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

YES

NO

Accident Sketch Plan

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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) of:
 - 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:
 - 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 9m 7 6160 X 12 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT TRAVELWE MINS ALOUES ANAK BUKIT TOWARD =ALAN CHANGI AIRPORT HAD PIF STOP THE JUNTION. WAITING FOR TRAFFIC 10 BE EREBY LIGHT AFTRE 104FIRM RD 0288N LIGHT PLOCEPID YAW PIE 7 720 TOWARD (HANGIT AIRRORY SUDDEHLY THPAON LAF WEH 1 CLE -THAT From HOTICE HAD TO my LEFT TEOM SUH 1145 A HIT OH VEHICLE HQ. CAPTURSO TEYING CU INTO MUDER LAME DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature 5 Synature Reporting Centre Person (If driver is not the policyholder)
Date & Time: 25 0X 19 Date & Time: Name

NRIC/FIN No.:

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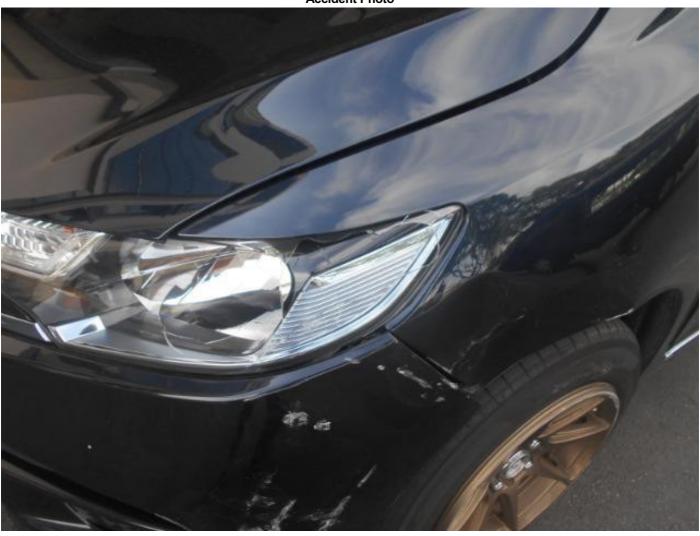


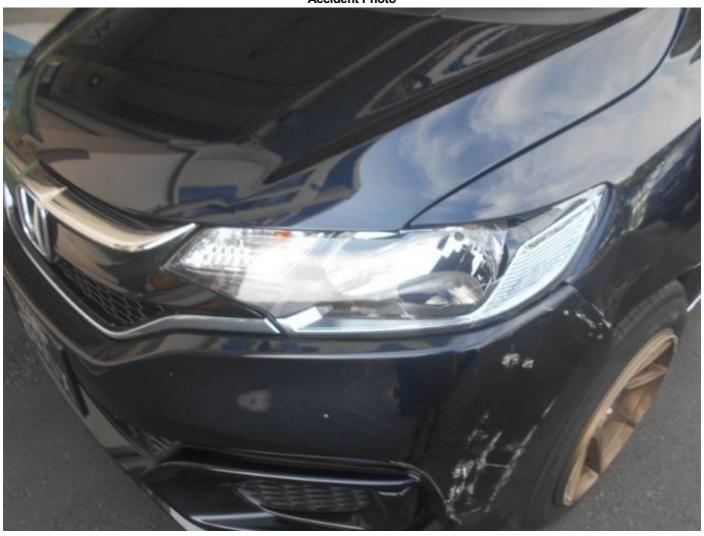






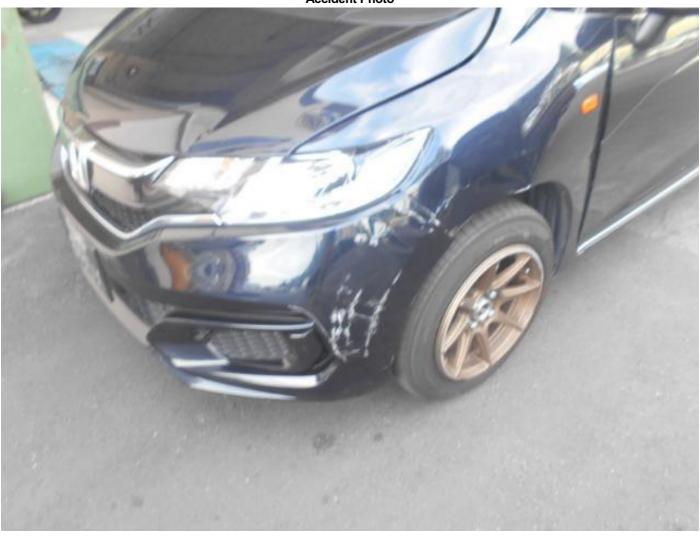


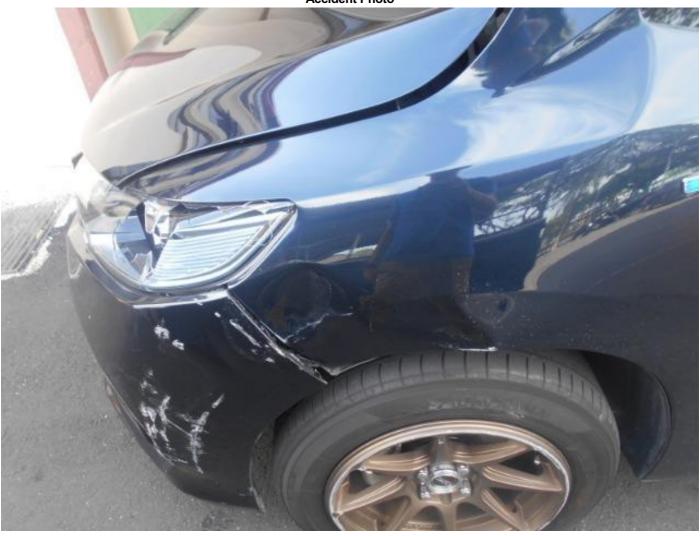


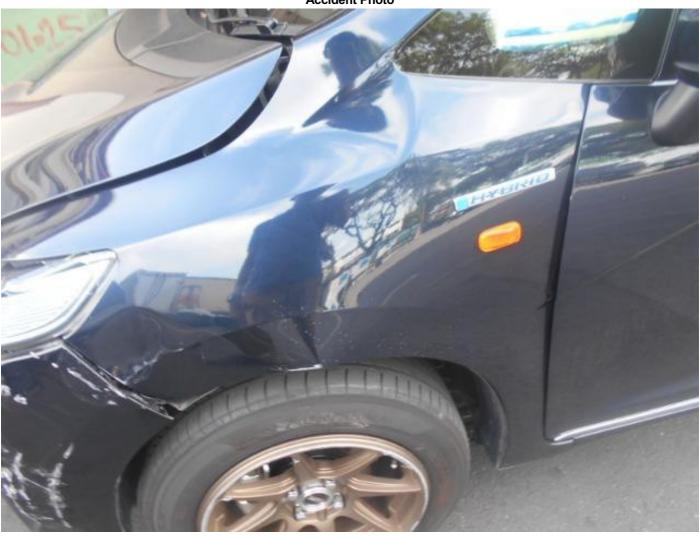


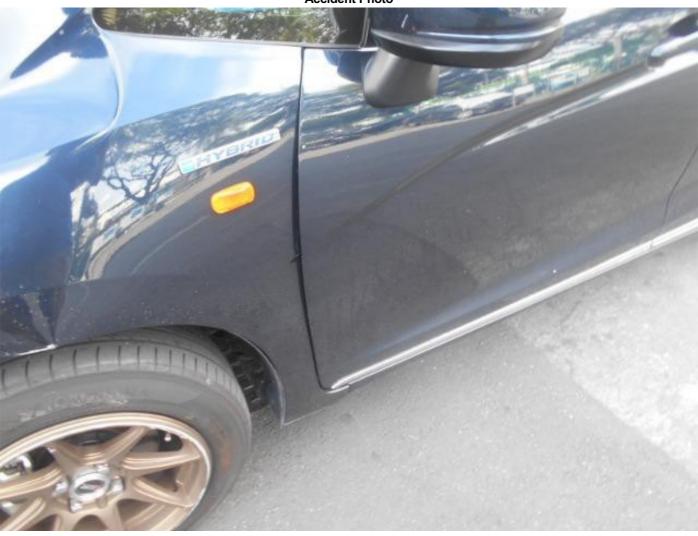


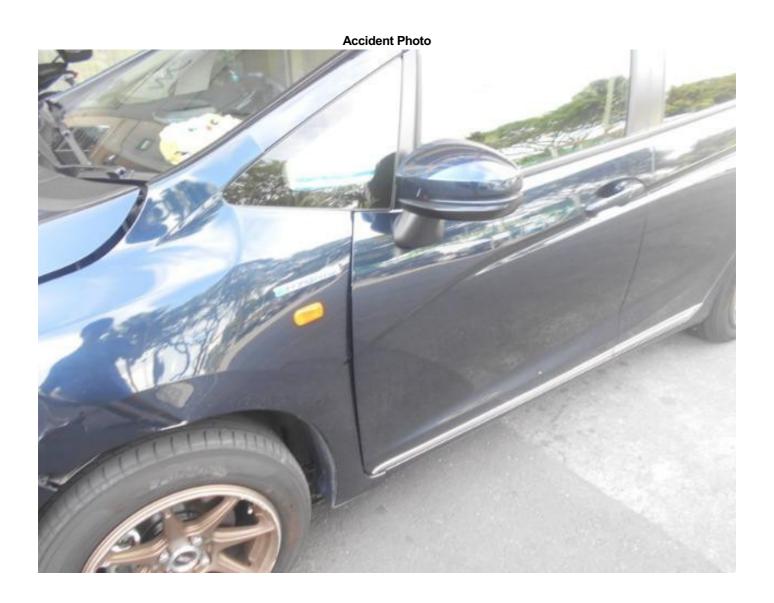


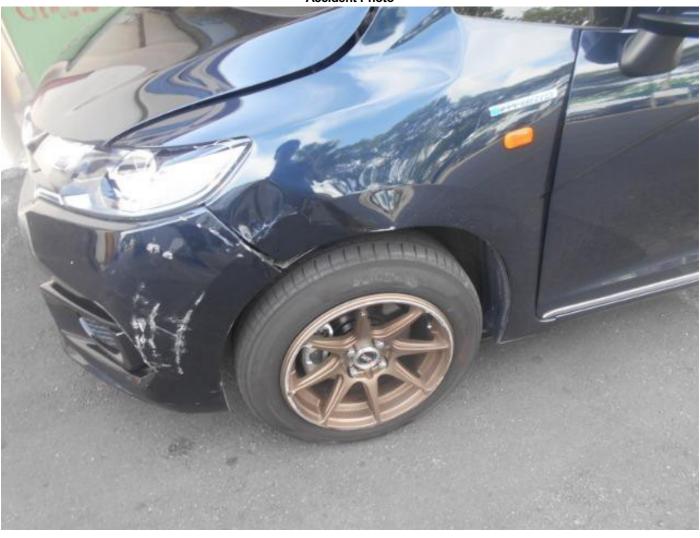


















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION C 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: 566550020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADD	ENDUM		
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:				
	Original Report No :	MNA119068022	Vehicle Registration No:	SMF6160X	
	Name(as shownin NRIC)	TAN MICHELLE	NRIC/FIN/Passport No:	S9507596G	
	(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate				
	Address	BLK 605 AMG MO KIO A	VENUE 5 #07-2735	Singapore(560605	
	Contact (Tel)	1	Mobile No.: 96212042	0	
	Email Address				
	Date of Accident	25/05/2019	Time of Accident : 13:1	0	
	Place of Accident	JALAN ANAK BUKIT TW	DS PIE (CHANGI)		
	Insurance Company:	NTUC Income Insurance	Co-operative Ltd		
	-				
				Ma .	
	Policyholder / Driver Date:	's Signature	Reporting Centre Per Name: NRIC/FINNo.: Date:	onnel's Signature	