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 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

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	ACCIDENT STATEMENT
Date Of Report	06/06/2019 10:38
Date Of Accident	04/06/2019 18:30
Exact Location Of Accident	BUGIS JUNCTION CARPARK TWDS NORTH BRIDGE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM4269D
Insured/Policyholder	
Name Of Registered Owner	LOW CHEE SENG
NRIC No	S0553562Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91139897
Alternative Phone No	OFFICE-91139897
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	REPORTING ONLY
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	5096970058-01
Cover Note Number	
Driver	
Name of Driver	LOW CHEE SENG

Name of Driver LOW CHEE SENG S0553562Z NRIC No Date Of Birth 18/02/1943 Occupation **OUTDOOR Date Of Driving Pass** 23/06/1980 **Driving Experience** 38 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-91139897 Fax Number **Contact Number** OFFICE-91139897

EMail Address NOEMAIL Address 1 TEO KIM ENG ROAD

Postcode 416374

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 SIDE SWIPE
Weather Conditions DRIZZLING
Road Surface WET

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?

YES

Was any other material or property damaged? 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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, AS I APPROACHED THE MAIN ROAD, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. LANE 1 AND LANE 2 WAS OCCUPIED SOME VEHICLES. WHILE I INCH FORWARD A LITTLE ONTO LANE 3 AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B RIGHT PORTION.

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 SGM227L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Name of Driver WANG LIANG MUAN

NRIC/Passport Number S0065169I

Contact Number

Vehicle Category

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

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- 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 Sianature Date & Time:

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

Reporting Centre Person Name: NRIC/FIN No :

's Signature

Accident Sketch Plan

ETCH PLAN		
Manda Sanda		A: DM 42640 B: J4M277L
SCRIBE CIRCUMSTANCE	powyata wa manaka manaka ma k	
ton p the	mint.	
CLARATION e declare the foregoing par	ticulars are true in every respect.	7/1
cybolder's Signature & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personne & Signature Name: NRIC/FIN No.:

















