SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number
EMail Address

- 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	15/06/2019 10:02			
Date Of Accident	10/06/2019 23:30			
Exact Location Of Accident	JB CHECKPOINT			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLU9917T			
Insured/Policyholder				
Name Of Registered Owner	NG CHIN GUAN (HUANG JINGYUAN)			
NRIC No	S9716227A			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-86669917			
Alternative Phone No	OTHERS-86669917			
Vehicle Particulars				
Manufacturer	TOYOTA			
Model	VELLFIRE			
Exact Purpose for which vehicle was being used at time of accident	GOING HOME			
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	5108159034			
Cover Note Number				
Driver				
Name of Driver	NG BOON KIAN			
NRIC No	S7119427B			
Date Of Birth	14/06/1971			

INDOOR

MALE

NOEMAIL

11/05/1992

27 YEARS AND 0 MONTHS

(LOCAL) +65-86669917

BLK 890A TAMPINES AVENUE 1 Address

#14-311

Postcode 521890

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **PARENT**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE 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 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SMA6923M

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

Accident Sketch Plan

SKETCH PLAN

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- 6. 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.
- (a) 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 fignature

(if driver is not the policyholder)

Date & Time:

Hyper 15/06/19
Reporting Centre Persannel's Signature

NRIC/FIN No.:

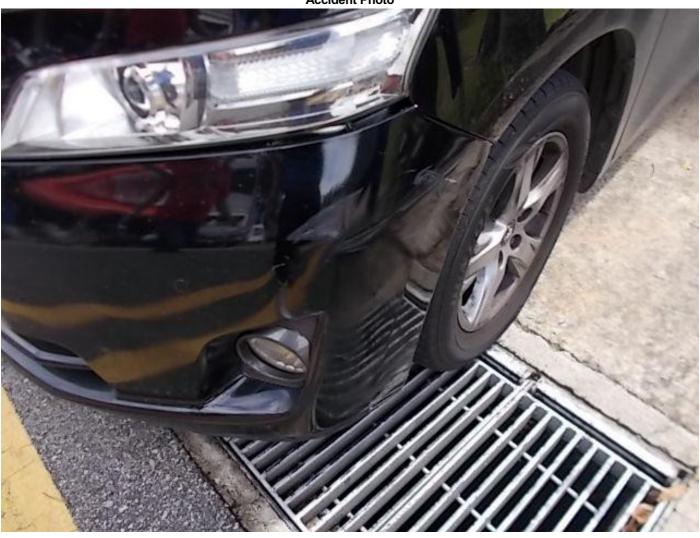
Individual Statement

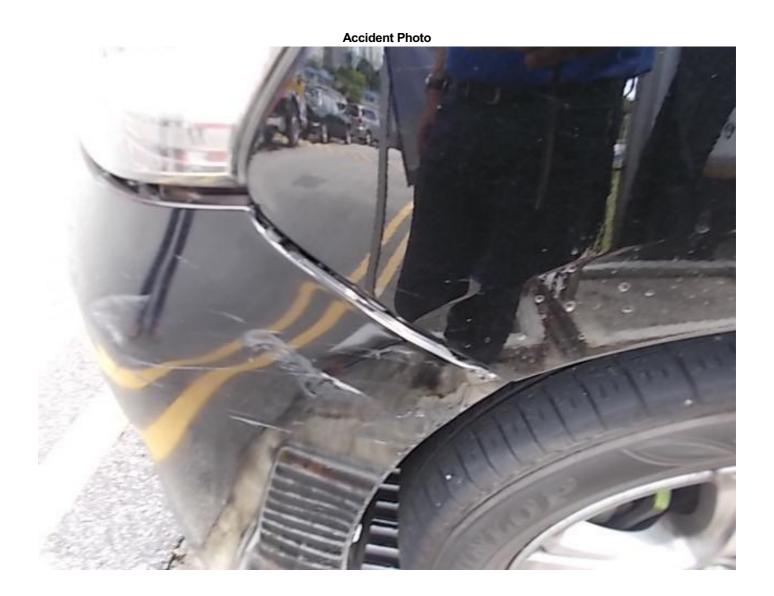
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DECLARATION	All the second s		
y we deciare the foregoing p	articulars are true in every respect.	ad	m 15/06/19
Policyholder's Signature	Driver's Emature	Bestorting	ntre Personnel's Signature
Date & Time:	(If driver is not the policyhold Date & Time:	er) Name: NRIC/FIN No.	





Accident Photo









Accident Photo



Accident Photo



Police Report NON INJURY

ANNEX E

NOTICE OF REPORTING

This is to confirm that Ng Boon Kian, NRIC: S7119427B, has reported to the Police a non-injury traffic accident which occurred within Johor Bahru Checkpoint, Malaysia on 10/06/2019 at 2330hrs involving the following vehicles:

- SLU9917T (Toyota Velifire / Black)
- SMA6923M (Volkswagen / Black)
- If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Truffle Act, Cap 276.

Europ. NPP *Co. 22 (4) 13 (4) (4) (4) *A1 (A2) (4) (4) (4) for 100 (4) (2)

Rank / Name of Issuing officer: SGT(3) Lim Wei Stang

Date: 11/06/2019 Time: 1255hrs

S/D/Ref: 13

Police Post Unit: Euros Neighbourhood Police Post

Original – To be issued to informati Duplicate- to be submitted to Traffic Police