

## 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	17/05/2019 09:40
Date Of Accident	16/05/2019 17:00
Exact Location Of Accident	JALAN ANGIN LAUT / GUAN SOON AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL9806P
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#### Insured/Policyholder

Name Of Registered Owner	FOO CHEW HONG
NRIC No	S0946156F
Email Address	MEANHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85698220
Alternative Phone No	OTHERS-98757524

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200-1.8 (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	5106963441
Cover Note Number	15/01/2019 - 14/01/2020

#### Driver

Name of Driver	HAN JOOT KONG @ HAN LIN KWANG
NRIC No	S2562503Z
Date Of Birth	07/02/1938
Occupation	INDOOR
Date Of Driving Pass	10/03/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98757524
Fax Number	
Contact Number	
Email Address	MEANHAN@GMAIL.COM

Address	15A HARVEY AVE
Postcode	489487
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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

MY VEHICLE WAS TRAVELLING ALONG JALAN ANGIN LAUT (PASS GUAN SOON AVE). I WAS DRIVING STRAIGHT. THERE WERE SEVERAL PARKED VEHICLES ON THE RIGHT SIDE OF THE LANE. VEHICLE B WAS APPROACHING AT A FAST SPEED FROM OPPOSITE TRAFFIC FLOW, CROSSING THE CENTRE DOTTED LINE. VEHICLE B SQUEEZE THROUGH THE AVAILABLE SPACE (BETWEEN MY VEHICLE AND PARKED VEHICLES). AS I DROVE PAST VEHICLE B, I FELT AN IMPACT ON MY VEHICLE REAR RIGHT PORTION. I SOUNDED MY HORN TO ALERT VEHICLE B DRIVER BUT HE CONTINUED TO DRIVE FORWARD AND PARKED FURTHER AHEAD. VEHICLE B HAD DAMAGES ON HIS REAR RIGHT PORTION. I ASKED FOR VEHICLE B PARTICULARS BUT HE REFUSED TO DO SO. NO ONE WAS INJURED. I LEFT AFTER WE TOOK SOME SCENE PHOTOS. ON THE SAME DAY AT NIGHT, I RETURNED TO THE ACCIDENT SCENE WITH MY DAUGHTER. I APPROACHED ONE OF THE PARKED VEHICLE OWNER, TRYING TO ASK FOR IN-CAR CAMERA FOOTAGE BUT UNFORTUNATELY IT WAS NOT RECORDED WHEN PARKED. BUT ONE OF THE FAMILY MEMBER WAS AT THE ROADSIDE AND HE SAW THE ACCIDENT. I AM TRYING TO ASK THE SAID FAMILY MEMBER TO BE MY WITNESS.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VEHICLE OWNER WILL CHECK VIA PERSONAL PC
Was there any audio recorded?	NO

#### Details of Witness 1

Name	TRYING TO GET THE WITNESS PERMISSION
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL8946A
Vehicle Make/Model/Colour	HONDA CITY
Details Of Properties	REAR RIGHT PORTION

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)

# Sketch Plan Pg. 1

N.H. Income Motor Service Centre

Report No. ME D.O.A.

Vehicle No.

Make Model

Report Date: 17/5/2019 Start Time: 10:21 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.

17/5/2019 10:20

17/5/2019 10:20

Policyholder's Signature  
Date & Time:

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 Pg. 2

### SKETCH PLAN



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### DECLARATION

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

17/5/2019 10:20

Policyholder's Signature  
Date & Time:

17/5/2019 10:20

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

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