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	01/07/2019 13:41		
Date Of Accident	30/06/2019 21:10		
Exact Location Of Accident	BOON LAY PLACE		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SMK6130G		
Insured/Policyholder			
Name Of Registered Owner	LANDEN CHUA KIM KOON (LANDEN CAI JINKUN)		
NRIC No	S7413119J		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-97226223		
Alternative Phone No	OFFICE-97226223		
Vehicle Particulars			
Manufacturer	MERCEDES-BENZ		
Model	E200 SEDAN (R18)		
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	5109307507		
Cover Note Number			
Driver			
Name of Driver	LANDEN CHUA KIM KOON (LANDEN CAI JINKUN)		
NRIC No	S7413119J		
Date Of Birth	27/04/1974		

NRIC No S7413119J
Date Of Birth 27/04/1974
Occupation OUTDOOR
Date Of Driving Pass 25/10/2017

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97226223

Fax Number

Contact Number OFFICE-97226223

EMail Address NOEMAIL

BLK 605 JURONG WEST STREET 62 Address

#04-211

Postcode 640605

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?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

YES

NO

2

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Was any other material or property damaged?

Number of Passengers (Including Driver)

NAME:

GENDER: : FEMALE

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?

NO

NO

Circumstances of Accident

REFER TO 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 SBS8934D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

TEO SIN TECK Name of Driver NRIC/Passport Number S7820165G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

) 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 but 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/euthority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (ii) investigating the accident and/or my claims:
 - (Bit) carrying out and/or dealing with my instructions or responding to any enquires by me;
 - (by) administering my claims (including the mailing of correspondence, statements, involces, 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 internal cover of envelopes/mail pectages), and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the
- (b) as insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to callect, use, disclose and/or process my Personal information for one or more of the above Purposes, and
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agenta/including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- my Personal information will also be collected and used to compile claims history for the purpose of fraud detection.
- the information to collected under (d) above may be shared / disclosed.
 - (i) so all insurers and/or any other shird parties that stalet in evaluating, investigating, controlling or managing braud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

 $\left|A\right|$ for complying with requirements under any regulations, laws or court orders.

Date & Time

(if driver is not the policytoider)

Date & Time

Reporting Centry Pr MRIE/TIN NO.

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Accident Sketch Plan

SCRIBE CIRCUMSTANCES OF THE ACCIDENT	Aa	A = Smk 61306
SCRIBE GROUMSTANCES OF THE ACCIDENT		B = SBS 8434D
On 30/6/19 at a cas driving of My vehicle Some We Ind Land Le 885 805 5858931 First have Sud Lane and hit John Jeha Support my a Ma TEO SIN FER and sign the	cound dong Bon Bon Bister of Strain of Color of	et into my
ARATION stars foregoing particulars are true in every re		

Teo Sim Teck Date of Two June I was

Travelling along Bon Lay Place

and I examter an accident

where a Bus 240 (5BS 8434D)

continto my kne soon lane I

to lane 2 without notice.

My Side driver door hade get

Some screetiles from the impact.

The bas driver (SIBS 89 340)

came to a stop and come down to

assist. He admitted that its his

fault for any crossing over to

notice and schorag

my lone without taking any suffly

onto my dranter side.





















