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	13/07/2019 12:51
Date Of Accident	12/07/2019 16:00
Exact Location Of Accident	REDHILL ROAD TOWARDS TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR6466M
Insured/Policyholder	
Name Of Registered Owner	RICKY GIAM TEE HOCK
NRIC No	S1682163B
Email Address	RICKYGIAM88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81895511
Alternative Phone No	OTHERS-97816636
Vehicle Particulars	
Manufacturer	KIA
Model	NIRO HYBRID-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5108113172
Cover Note Number	
Driver	
Name of Driver	RICKY GIAM TEE HOCK

Name of Driver RICKY GIAM TEE HOCK

NRIC No S1682163B

Date Of Birth 24/07/1965

Occupation OUTDOOR

Date Of Driving Pass 14/01/1986

Driving Experience 33 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81895511

Fax Number

Contact Number OTHERS-97816636

EMail Address RICKYGIAM88@GMAIL.COM

BLK 118A JALAN MEMBINA Address

#25-139

Postcode 161118

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

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

Was any body injured in the Accident?

NO NO

Was any injured conveyed to hospital by

ambulance? Was any other material or property damaged?

YES

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

Number of Passengers (Including Driver)

NO 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?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

Vehicle Registration Number YP540C

Vehicle Make/Model/Colour MITSUBISHI FUSO

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

Name of Driver PITCHAIKKANNU THUYAVAN

S8279221Z NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 interested parties.
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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 the purpose of the pu
 - 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 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

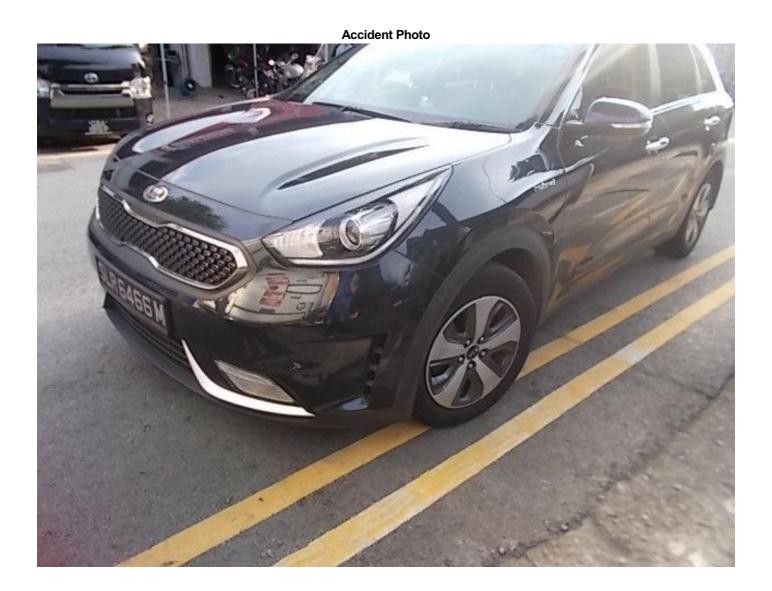
Reporting Centre P

NRIC/FIN No.:

NRIC/FIN No.

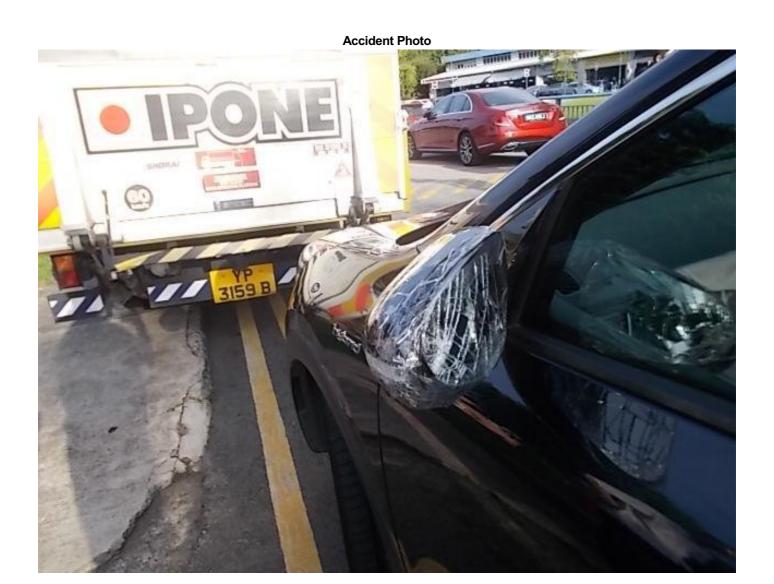
Sketch Plan #2

SKETCH PLAN	ALONE RHOULL RORE SONARDS TIONS	Bother Boxo
B) YP5	40c 19/0	
ESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT	
At 1600hrs d	riving along Rodhill (EWIB) on 10/07/2019 to	
Tiong Bahry t	Road. I was on the right lane and the	lecal up?
at the left	- lane. The larry came close to my le	eft of my
car and 1 -	try to horn him. I try to move toward a	maket on bit
the lorry M	is incoming fraffic. I heard a bank it my left nurror. The lorry number	plate was
11 SAUC	and was carry goods. The lorry did n	lot had any
damage.		
CLARATION		7
e declare the foregoing	particulars are true in every respect.	/ , .
	and and	Malms
cyholder's Signature	Driver's Signature Reporting Centre Pe	rsonder's Benature
7/2019 1545hr	Oate & Time: NRIC/FIN No.:	Kolh Cloth











Accident Photo



Accident Photo



Accident Photo

