### 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.

	ACCIDENT STATEMENT
Date Of Report	15/07/2019 11:51
Date Of Accident	14/07/2019 01:00
Exact Location Of Accident	MALAYSIA CUSTOM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX9894X
Insured/Policyholder	
Name Of Registered Owner	KOH CHOON LEE JOHN
NRIC No	S1471995D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81008251
Alternative Phone No	OFFICE-81008251
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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	5086960568-02
Cover Note Number	
Driver	
Name of Driver	LINUS KOH TIAM YONG
NRIC No	S9243935F
D-4- Of Bi-4l-	00/44/4000

NRIC No S9243935F
Date Of Birth 20/11/1992
Occupation INDOOR
Date Of Driving Pass 25/01/2014

Driving Experience 5 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81008251

Fax Number

Contact Number OFFICE-81008251

EMail Address NOEMAIL

35 TAMPINES STREET 34 Address

#03-39

Postcode 529239

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**COLLISION - HEAD TO REAR** 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? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHUA JIA JUN

GENDER: : MALE

Passenger 2 NAME: : HU RUOHAN PAMELA

> GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLB7481X

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name LINUS KOH TIAM YONG

Approximate Age

Injuries Sustain NECK & BACK Injured person in which vehicle? SKX9894X

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### **DETAILS OF INJURED PERSON 2**

Name HU RUOHAN PAMELA

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SKX9894X

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 3**

Name CHUA JIA JUN

Approximate Age

Injuries Sustain

NECK & BACK
Injured person in which vehicle?

SKX9894X

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### Accident Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

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- Any false reporting may be referred to the Police for Investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centra 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 Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# **Accident Sketch Plan**

SKETCH PLAN

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Malaysia	A	1	- A SKY 9894x
Custom	6	1.	B: 5LB 7481X
		To I	

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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		75.07						

DECLARATION

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

Policyholder's signature Date & Time:

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

Reporting Centre Personnel & Signature Name:

NRIC/FIN No.:





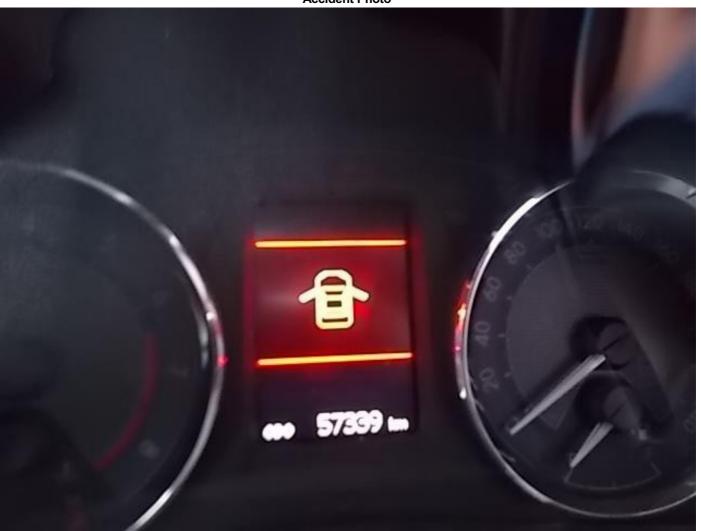












### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

		ADDEND	UM						
(A)	PARTICULARS OF PE	RSON MAKING THE AMENDMENT	S:						
	Original Report No	MNA119092010	Vehicle Registration No:	SKX9894X					
	Name(as shown in NRIC)	LINUS KOH TIAM YONG	NRIC/FIN/Passport No :	S9243935F					
	(*Vehicle Driver/	hiele Owner) (*) Please delete as a	ppropriate						
	Address	35 TAMPINES STREET 34	#03-39	Singapore( 529239)					
	Contact (Tel)		Mobile No. : 81008251						
	Email Address								
Date of Accident : 14		14/07/2019Time of Accident: 01:00		0					
	Place of Accident :	MALAYSIA CUSTOM							
	Insurance Company:	NTUC Income Insurance Co-	operative Ltd						
(B)	ADDITIONAL INFOR	MATION / AMENDMENTS:							
	I have made a report make the following a	on the above mentioned accident	and would like to include a	dditional information or					
	Add in injuries	Add in injuries							
	1) CHUA JIA JUN	(male)							
	2)HU RUOHAN PA	AMELA (female)							
	Policyholder / Driver's Date:	Signature	Reporting Centre Personame: NRIC/FIN No.: Date:	onnel's signature					