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 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.

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	ACCIDENT STATEMENT				
Date Of Report	22/07/2019 10:36				
Date Of Accident	21/07/2019 21:00				
Exact Location Of Accident	KINGSFORD WATERBAY CARPARK ENTRANCE				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SGQ7010C				
Insured/Policyholder					
Name Of Registered Owner	CHAN BINHONG SAMUEL				
NRIC No	S8200852G				
Email Address	SAMUELCHANBH@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-90113110				
Alternative Phone No	OFFICE-NOPHONE				
Vehicle Particulars					
Manufacturer	HYUNDAI				
Model	GETZ-1.4 (A)				
Exact Purpose for which vehicle was being used at time of accident					
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	5097133684-01				
Cover Note Number					
Driver					

CHAN BINHONG SAMUEL Name of Driver

NRIC No S8200852G Date Of Birth 22/01/1982 Occupation **INDOOR Date Of Driving Pass** 23/11/2013

5 YEARS AND 7 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-90113110

Fax Number

OFFICE-NOPHONE Contact Number

EMail Address SAMUELCHANBH@GMAIL.COM

64 UPPER SERANGOON VIEW Address

#10-03

Postcode 533886

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 - HEAD ON COLLISION 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

Was any other material or property damaged?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO ATTACHED STATEMENT

Attachment(s)

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Details of Witness 1

Name ANDREW RAJ

Phone Number **Email Address**

DETAILS OF OTHER VEHICLE PROPERTY 1

SMJ7020P 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

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Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 7. 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:

- 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)
 - (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
- 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: 22] 7 | 19 10.524m

Driver's Signature

(If driver is not the policyholder)

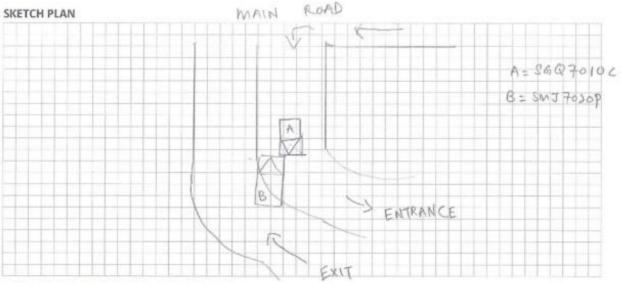
Date & Time: 22/7/19 10.526pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

			oford Wa			
			7020P) tur			
Carpa	rk. The di	ver of	SMJ 7020P	enctoa	ched "	nto my
lane.	1 horned	+0 " w	parn him	and of	plied e.	brake b
he :	could	not stop	in fi	me a	nd hit	the
front	right 8	side of	my car.	1 have	a wir	tness,
Mr	Andrew	Raj (seci	urity officer	on d	dy) 101	10 Saw

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's Signature Name: NRIC/FIN No.:

GUARMIC Shots Misan Form, V3

Identification Card





35.6























