

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	19/08/2019 11:56
Date Of Accident	17/08/2019 19:00
Exact Location Of Accident	PETAIN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8249X
Insured/Policyholder	
Name Of Registered Owner	TAN YOKE JEE
NRIC No	S0070073H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98357698
Alternative Phone No	OTHERS-98357698

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L 5AT
Exact Purpose for which vehicle was being used at time of accident	PVT 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	5102519161
Cover Note Number	20/07/2018- 04/11/2019

Driver

Name of Driver	CHEN JINGYAN
NRIC No	S9309012H
Date Of Birth	11/03/1993
Occupation	INDOOR
Date Of Driving Pass	23/08/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91297263
Fax Number	
Contact Number	
EMail Address	YENJINGYAN@GMAIL.COM

Address	BLK 757 YISHUN ST 72 #09-482
Postcode	760757
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

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?	
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

ACCIDENT OCCURED ALONG PETAIN RD ON 17/8/19 AT ABOUT 7PM. M/TAXI(B) OVERTOOK MY VEHICLE WHILE I WAS MAKING A RIGHT TURN INTO STURDEE RD AND COLLIDED ONTO MY VEHICLE. THE IMPACT PUSHES MY VEHICLE TO THE LEFT SIDE OF THE ROAD. I WAS ALONE AT THAT TIME. TRAFFIC POLICE CAME AND LATER TOLD US TO SETTLE AMONG OURSELVES. AFTER THE ACCIDENT, I FELT UCOMFORTABLE AND I PROCEED TO SEE DOCTOR THE NEXT DAY AND WAS GIVEN 1 DAY MC(WHIPLASH).

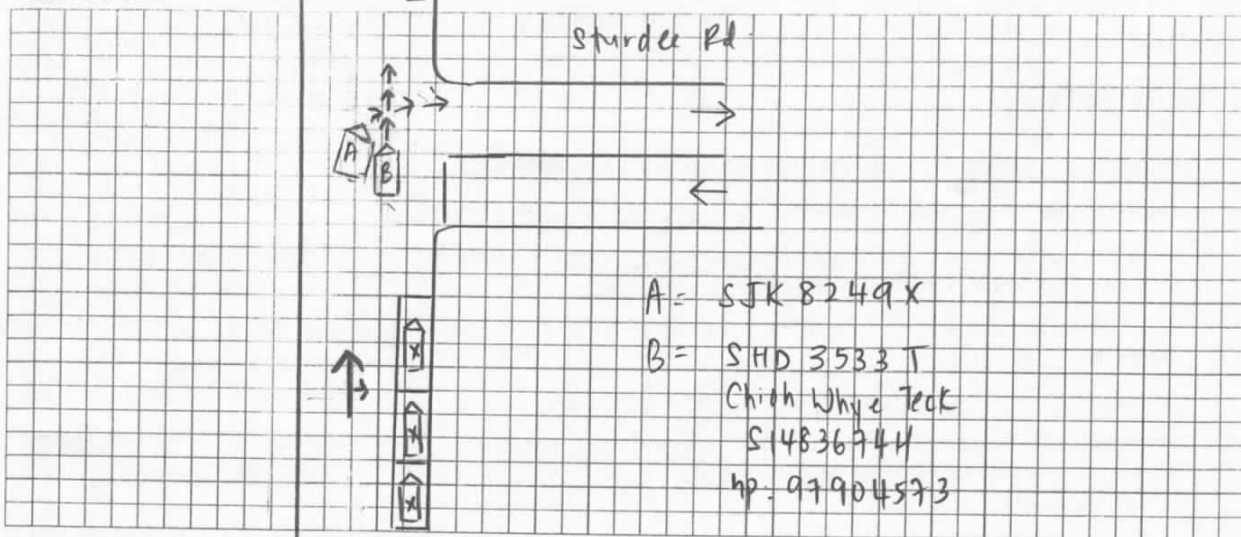
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TRY TO RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3533T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHIOH WHYE TECK
NRIC/Passport Number	S1483674H
Contact Number	97904573
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred along Petain Rd on 17/8/19 at about 7pm.
 m/taxi (B) overtook my vehicle while I was making a right
 turning into Sturdee Rd and collided onto my vehicle.
 The impact then pushes my vehicle to the left side of the road.
 I was alone at that time.
 Traffic police came and later told us to settle amongst
 ourselves. After the accident, I felt uncomfortable and I proceed
 to see doctor the next day and was given 1 day mc (whiplash).

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
 under your own comprehensive policy. Please check with your policy for more information.

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.:

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
 () Claim OD/TP at other workshop ()

MT/1058320-001

SKETCH PLAN

VEHICLE NO.: STK 8249X
 INSURER : NTMC
 DATE & TIME: 17/9/18
7pm

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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 reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

 Policyholder's Signature
 Date & Time:

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

19/8/19
 Reporting Centre Personnel's Signature
 Name: YS
 NRIC/FIN No.: