#### 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	22/08/2019 18:02
Date Of Accident	22/08/2019 13:10
Exact Location Of Accident	PIE BEF BKE EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV7508Y
Insured/Policyholder	
Name Of Registered Owner	KAJIO RENTALS
Co Reg No	53387434C
Email Address	KAJIORENTALS@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97295873
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C200
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	5106471886
Cover Note Number	
Driver	
Name of Driver	FONG SOON GHEE ALAN

S7505907H NRIC No Date Of Birth 10/03/1975 Occupation **OUTDOOR** 10/08/2007 **Date Of Driving Pass** 

**Driving Experience** 12 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87777557

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address APT BLK 122 PAYA LEBAR WAY #08-2899

Postcode 381122

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - LEASING

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident **COLLISION - HEAD TO REAR** 

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?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME: : PASSENGER

GENDER: : MALE

**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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJY8296K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR TAU KIM LENG Name of Driver NRIC/Passport Number S1586687Z **Contact Number** 98163907

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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#### **Accident Sketch Plan**

#### SKETCH PLAN

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  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 Signatuce Date & Tyne: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Contre Personnel's Signature

Name:

NRIC/FIN No.:

### **Accident Sketch Plan**

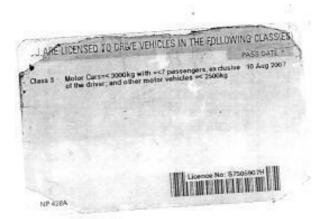
TCH PLAN	
4. 2	VEH A: SJV 75 VEH B: SJV 82
68 6 6 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	3
CRIBE CIRCUMSTANCES OF THE ACCIDENT	before BKE when the vehicle in front
iam brake. Noticing it, I	before BKE when the vehicle in front was able to maintain a safe distance
and with that, I make	ged to breke in time. However, the 6k did not manage to brake in time
vehicle behind me S34829	Ex did not manage to brefe in time
and , thus resulted in the	accident reported.
bump into my vehicle, SJV7508Y	
ECLARATION	rear bunger,
ECLARATION	rear bunger,
ECLARATION  We declare the foregoing particulars are true in every  Driver's Signature  Driver's Signature	rear bunger,

Date & Time:

Name: NRIC/FIN/No.:

### **Driving License**





This card is not transferable and is the property of the Land Transport.

Authority (LTA). It must be surrendered to LTA on request. If found, please, return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date 47

13 PRIVATE HIRE CAR VL 13/11/2018



#### **Driving License**

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