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	27/08/2019 17:32
Date Of Accident	26/08/2019 19:35
Exact Location Of Accident	PIE AFT PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ3245J
Insured/Policyholder	
Name Of Registered Owner	J & M MOTORING PTE LTD
Co Reg No	201902613C
Email Address	WILSONWHITE1992@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96217987
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	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	5107773585
Cover Note Number	
Driver	

Name of Driver POH JUN JIE, WILSON

NRIC No S9226931J
Date Of Birth 05/08/1992
Occupation OUTDOOR
Date Of Driving Pass 07/04/2016

Driving Experience 3 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96217987

Fax Number
Contact Number

EMail Address NOEMAIL

175 UPPER EAST COAST ROAD #03-19 SINGAPORE Address

Postcode 455277

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **CHAIN COLLISION**

Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NO 2

> NAME: : FRIEND

GENDER: : FEMALE

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? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMM5642S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

NEE THIAM KWEE Name of Driver

NRIC/Passport Number

Contact Number 96302509

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

Driving License

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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)

l 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: 27/8/19 5 14 PM

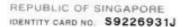
Reporting Centre Personnel's Signature

Name: / NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN	PIE	AFTAR	Payo	WHAR FOLIT
			6 B	A) SMT 3245T B) SMM S642S C) UNKNOWN CAR
ESCRIBE CIRCUMS				
ECLARATION We declare the force	doich martirulars	are true in overvir	oknert	0
olicyholder's Signatur		Driver's Signature	· ·	Reporting Centre Personnel's Signature Name: NRIE/FIN No.:

Driving License







POH JUN JIE, WILSON

俊

CHINESE

Date of berth 05-08-1992

SINGAPORE







VOCATIONAL LICENCE Licence No : 89226931J Name : POH JUN JIE, WILSON

Please visit www.ita.gov.sg to check the status of this vocational licence

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

13

PRIVATE HIRE CAR VL 24/01/2019



5649586





175 UPPER EAST COAST ROAD #03-19 SINGAPORE 455277 NRIC No. \$9226931J Date 15/04/2019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen. 07 Apr 2016 weight = 3000kg with << 7 passengers, exclusive of driver; and other motor venicles without clutch pedals with unladen weight =< 2500kg

NF 428A

Licence No:59225931J

























