

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	02/09/2019 18:34
Date Of Accident	31/08/2019 14:20
Exact Location Of Accident	JUNCTION OF HOUGANG AVENUE 3/HOUGANG STREET 32
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT4005L
Insured/Policyholder	
Name Of Registered Owner	REAL-TIME PERSONAL TRANSPORT SERVICES
Co Reg No	53332016W
Email Address	RAYMAC1967@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96335870
Alternative Phone No	OFFICE-96335870

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX-2.0 L GT (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079233752-02
Cover Note Number	

Driver

Name of Driver	RAYMOND SEW WENG CHEONG
NRIC No	S1786466A
Date Of Birth	12/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1996
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96335870
Fax Number	
Contact Number	OTHERS-96335870
EEmail Address	RAYMAC1967@YAHOO.COM.SG

Address	BLK 295 TAMPINES STREET 22 #03-518
Postcode	520295
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

Type Of Accident	COLLISION - MAJOR/MINOR RD
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
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)	2
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE

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

PLEASE 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	SJQ5214J
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MRS TAN
NRIC/Passport Number	
Contact Number	97325214
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

Sketch Plan

SKETCH PLAN

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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:

2/9/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

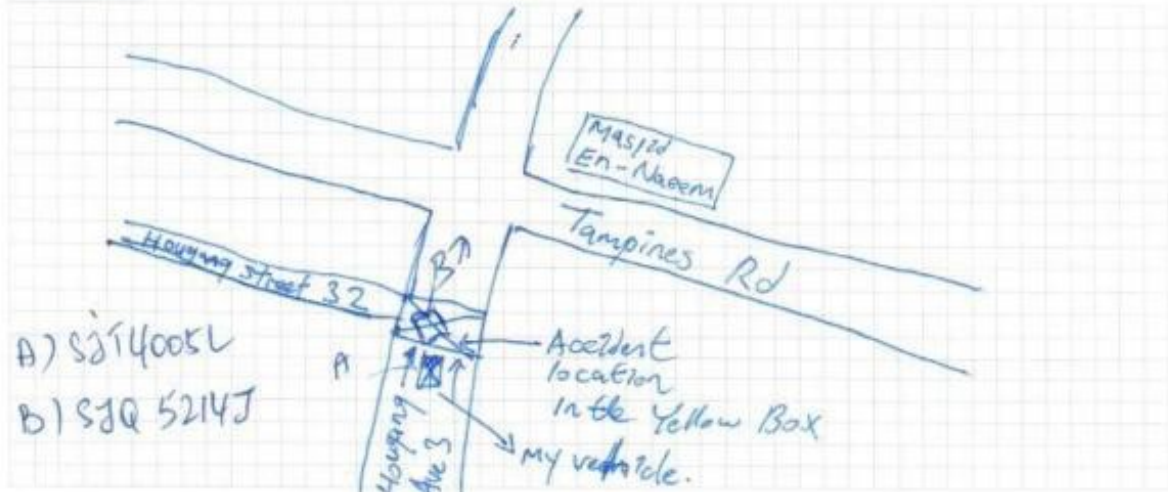
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31 Aug 2019 at about 1420hrs, I was driving along Hougang Ave 3 and came to a stop behind the yellow box located at a intersection of Hougang Street 32. The Yellow box was about 50m from the cross junction of Hougang Ave 3 and Tampines Rd.

While stopping behind the yellow box, the road ahead of me was cleared and ~~light~~ green light to my favour. There was a vehicle stopping on my right, also behind the yellow box waiting to make a right turn to Tampines Road.

I took a ~~few~~ look at the driver who had tailgated me earlier for a few seconds. Knowing the road ahead of me was cleared, I turned around my head to ~~at~~ my front with the intention to drive off. ~~The moment I turned~~. The moment I tried to drive off, the vehicle SJQ 5214J was in the yellow box right in front of my car. It was so near that I could not stop in time to avoid hitting the driver's front door of the vehicle.

DECLARATION

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



Policyholder's Signature

Date & Time: 2/9/2019

(Signature)

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



UEN
53332016W
Transaction Number
B190034900
EP Reference No.
20190324180435879

Entity Name
REAL-TIME PERSONAL-TRANSPORT SERVICES

Receipt Number
ACRA190324014938

Payment Date
24/03/2019 18:04:04

Descriptions	Amount(SGD)
APPLICATION TO RENEW REGISTRATION OF PERSON(S) AND BUSINESS NAME (1 YEAR)	30.00

Paid Amount	SGD 30.00
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Your Business Registration of REAL-TIME PERSONAL TRANSPORT SERVICES has been successfully renewed for 1 years and will expire on 17/03/2020.
You will receive a free Business Profile of this entity via email the next day.

Rate our e-Service

Accident Photo



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