

## 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 10:09
Date Of Accident	31/08/2019 15:10
Exact Location Of Accident	9B BOON TIONG RD TWDS JLN BUKIT HO SWEE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1948D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GD CARZ
Co Reg No	53122597J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64699441

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111925837
Cover Note Number	

### Driver

Name of Driver	GOH BOON PIN
NRIC No	S8033946A
Date Of Birth	28/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	12/06/2004
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91682525
Fax Number	
Contact Number	OFFICE-91682525
Email Address	NOEMAIL

Address	BLK 591A ANG MO KIO STREET 51 #27-41
Postcode	561591
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	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?	
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: : - GENDER: : MALE

#### 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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ3282A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG XIN YI
NRIC/Passport Number	S8737592G
Contact Number	96366179
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

## Accident 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:

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

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

## Accident Sketch Plan

### SKETCH PLAN

Jim Parked to Sleep

A: 56619847  
B: 5743282A

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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### 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.:

### Accident Sketch Plan

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE OF 9B BOON TIONG RD TO CHECK ONCOMING VEHICLES ALONG THE MAIN ROAD BEFORE I CAN PROCEED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

I NG XIN YI MAVIS S87375926:

CAR Plate STQ 3282A willing  
to pay for damage for knocking

car SLL1948D. \$350 PAID

To The Wee Hoe Auto Service for repair  
\$50 Rental reimbursement for 1 day repair

As long the damage fully repair

both agreed not to ask insurance

companies to bear the cost of damage.

21/8/19

MY CAR STQ 3282A requires  
no compensation as it is not fault.

driver car plate ~~STQ 3282A~~ SLL1948D  
P.H.

NG XIN YI

S87375926

96366179

Ng

Goh Boon Pin

S8033946A

91682525

Ar



Accident Photo





Accident Photo



Accident Photo



Accident Photo





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