

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 09:43
Date Of Accident	31/08/2019 16:00
Exact Location Of Accident	SLIP RD FROM YISHUN AVE 1 TOWARDS SEMBAWANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6372A
Insured/Policyholder	
Name Of Registered Owner	GOH KENNETH
NRIC No	S8214455B
Email Address	KENNETHGOH_AL@YMAIL.COM
Mobile Phone No	(LOCAL) +65-98799544
Alternative Phone No	OTHERS-98799544

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098913720-01
Cover Note Number	23/08/2019- 22/08/2020

Driver

Name of Driver	GOH KENNETH
NRIC No	S8214455B
Date Of Birth	30/04/1982
Occupation	INDOOR
Date Of Driving Pass	18/11/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98799544
Fax Number	
Contact Number	OTHERS-98799544
EEmail Address	KENNETHGOH_AL@YMAIL.COM

Address	BLK 820 YISHUN ST 81 #02-654
Postcode	760820
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 - 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)	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 AT THE SLIP ROAD FROM YISHUN AVE 1 TOWARDS SEMBAWANG RD ON 31/8/19 AT ABOUT 4PM. I STOP TO GIVE WAY TO ONCOMING VEHICLE WHEN OUT OF SUDDEN, I FELT AN IMPACT ON THE REAR. I THEN REALIZED M/CAR(B) HAD COLLIDED ONTO MY VEHICLE. I WAS ALONE AT THAT TIME. NO ONE WAS INJURED. CLEAR & DRY WEATHER CONDITION.

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	SKC2977Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH CHANG HEE
NRIC/Passport Number	S9313571G
Contact Number	96758058
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SLR 6372A
INSURER : NMC
DATE & TIME: 31/8/19
8 40pm

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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:

2/9/19 9:40am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

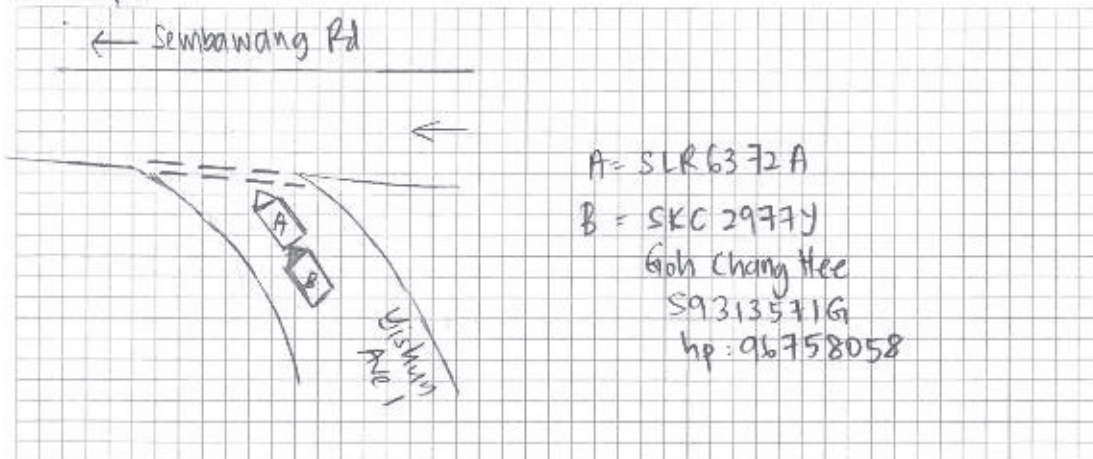
Name: BSA

NRIC/FIN No.:

(YS)
2/9/19

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred at the slip road from Yishuo Ave 1
towards Sembawang Rd on 31/8/19 at about 4pm.
I stop to give way to oncoming vehicle when out of
sudden, I felt an impact on the rear. I then realized
my car (B) had collided onto my vehicle.
I was alone at that time.
No one was injured.
clear & dry weather condition.

DECLARATION

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

Policyholder's Signature

Date & Time: 2/9/19 940am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature: _____

Name: B. J. J.

NRIC/FIN No.:

GLAMC SketchPlatform V3.

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