SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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.

CONTROL OF STREET	ACCIDENT STATEMENT
Date Of Report	09/09/2019 09:49
Date Of Accident	08/09/2019 15:45
Exact Location Of Accident	WOODLEIGH MRT TAXI DROP OFF POINT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFV3249T
Insured/Policyholder	
Name Of Registered Owner	PHUA KAH KENG THOMAS
NRIC No	S1407968H
Email Address	THOMAS.PHUA@INCOME.COM.SG
Mobile Phone No	(LOCAL) +65-96889080
Alternative Phone No	OFFICE-96889080
Vehicle Particulars	appear to the second of the se
Manufacturer	SUBARU
Model	FORESTER-2.0 (A)
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	Meesticon Tour way be executed for good at a subject of
lame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
Teet Policy	NO
Policy Number	5105378699
Cover Note Number	21/11/2018 - 20/11/2019
Priver Priver	
lame of Driver	PHUA KAH KENG THOMAS
IRIC No S	S1407968H
eate Of Birth 1	16/05/1960
Occupation	NDOOR
ate Of Driving Pass 2	26/07/1984
riving Experience 3	85 YEARS AND 1 MONTH

(LOCAL) +65-96889080

THOMAS.PHUA@INCOME.COM.SG

OFFICE-96889080

Address

BLK 832 YISHUN ST 81 #07-442

Postcode

760832

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

SIDE SWIPE

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:

: SPOUSE

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

MY VEHICLE WAS TRAVELLING ON THE LEFT LANE NEAR WOODLEIGN MRT TAXI DROP OFF POINT. VEHICLE B SUDDENLY STOPPED OUTSIDE THE TAXI DROP OFF POUCH. I SOUNDED MY HORN TO ALERT VEHICLE B DRIVER. I PROCEED TO PASS THROUGH VEHICLE B. AS I WAS DRIVING PAST VEHICLE B, VEHICLE B SUDDENLY TURNED OUT TO THE RIGHT AND HIT ONTO MY VEHICLE LEFT PORTION (FROM FRONT LEFT DOOR TOWARDS REAR BUMPER LEFT). NO ONE WAS INJURED. WE STOPPED FURTHER AHEAD ALONG THE SIDE ROAD TO TAKE SOME PHOTOS. WE DID NOT EXCHANGE ANY PARTICULARS AND WE LEFT AFTERWHICH. VEHICLE B DRIVER OFFERED TO MY VEHICLE BUT I REJECT AS THE REPAIR COST WILL BE HIGH.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WILL UPLOAD INTO SERVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB4492G

Vehicle Make/Model/Colour

TAXI

Details Of Properties

FRONT RIGHT FENDER

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

3

NAME:

: PASSENGER

GENDER:

: MALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: MALE

Sketch Plan Pg. 1

NTUC Income Motor Service	Centre	C	11	19
Report No: MT	D.O.A:			. 1 .

Vehicle No: STV32497
Make/Model: SWYLSter

Report Date: 9'9.2019 Start Time: 10:21 AM
Reporting Type: End Time: __/

SKETCH PLAN

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- 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:
 - (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 reasonable required for the purposes stated, or
- (ii) for complying with requirements under any regulations, law or court orders

9/9/2019 10:21

9/9/2019 10:21

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

Reporting Centre Personnel's Signature Name: Chen JunLiang NRIC/ Fin No: S990765

Sketch Plan Pg. 2

SKETCH PLAN				
	4			
A	4			
(A1)	4			
TAXI DROP OFF POINT	BUS STOP			
WOODLEIGH MRT TAXI DROP OFF POINT				
Vehicle A: SFV3249T Vehicle B: SHB4492G				

MY VEHICLE WAS TRAVELLING ON THE LEFT LANE NEAR WOODLEIGN MRT TAXI DROP OFF POINT. VEHICLE B SUDDENLY STOPPED OUTSIDE THE TAXI DROP OFF POUCH. I SOUNDED MY HORN TO ALERT VEHICLE B DRIVER. I PROCEED TO PASS THROUGH VEHICLE B. AS I WAS DRIVING PAST VEHICLE B, VEHICLE B SUDDENLY TURNED OUT TO THE RIGHT AND HIT ONTO MY VEHICLE LEFT PORTION (FROM FRONT LEFT DOOR TOWARDS REAR BUMPER LEFT). NO ONE WAS INJURED. WE STOPPED FURTHER AHEAD ALONG THE SIDE ROAD TO TAKE SOME PHOTOS. WE DID NOT EXCHANGE ANY PARTICULARS AND WE LEFT AFTERWHICH. VEHICLE B DRIVER OFFERED TO MY VEHICLE BUT I REJECT AS THE REPAIR COST WILL BE HIGH.

DECLARATION

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

9/9/2019 10:21

9/9/2019 10:21

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

Reporting Centre Personnel's Signature Name: Chen JunLiang NRIC/ Fin No: S990765