

## 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	26/09/2019 14:18
Date Of Accident	26/09/2019 10:35
Exact Location Of Accident	POTONG PASIR AVE 1 OPEN CARPARK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5785A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG TIONG HOCK
NRIC No	S7610186H
Email Address	SEBASONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97954229
Alternative Phone No	OFFICE-97954229

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102885062-01
Cover Note Number	

### Driver

Name of Driver	ONG TIONG HOCK
NRIC No	S7610186H
Date Of Birth	17/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97954229
Fax Number	
Contact Number	OFFICE-97954229
Email Address	SEBASONG@HOTMAIL.COM

Address	BLK 118 POTONG PASIR AVE 1 304-988
Postcode	350118
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	FBH9769R
	-
Insurance Company of Driver's Own Vehicle	NTUC INCOME INSURANCE CO-OPERATIVE LTD
	-

#### General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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)	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

I WAS DRIVING TOWARDS THE CAR PARK EXIT AT POTONG PASIR AVE 1. A TAXI (SHC2730C) STOPPED AT THE LEFT SIDE OF THE CAR PARK TO PICK UP A PASSENGER AND THE DRIVER ALIGHTED TO HELP THE PASSENGER. SUDDENLY, THE TAXI ROLLED BACK AND REVERSED. THE TAXI DRIVER QUICKLY OPENED HIS DOOR TO STOP IT, BUT THE DOOR COLLIDED TO MY LEFT SIDE OF MY VEHICLE CAUSING DAMAGE. I HAVE IN CAR CAMERA THAT CAPTURED THE WHOLE INCIDENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2730C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	GOH LOON KOON
NRIC/Passport Number	S1564913E
Contact Number	96583235
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### 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: 26/9/2017  
@ 15:06/17

Driver's Signature

(if driver is not the policyholder)  
Date & Time: 26/9/2017  
@ 18:06/17

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

# Sketch Plan Pg. 2

## SKETCH PLAN



A: SJH 5785A  
B: SHC 2730C

Potong Pasir Ave 1 Carpark.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards the carpark Exit at Potong Pasir Ave 1. A taxi (SHC 2730C) stopped at the left side of the carpark to pick up a passenger & the driver alighted to help the passenger. Suddenly, the taxi rolled back & reversed. The taxi driver quickly opened his door to stop it, but the door collided to my left side of my vehicle. Causing damage. I have in car camera that captured the whole incident.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 26/9/2019  
@ 1305hrs.

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 26/9/2019  
@ 1305hrs.

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