#### 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 <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

| aforesaid.   |  |
|--|--|
|  | ACCIDENT STATEMENT                     |
| Date Of Report   | 05/10/2019 09:17                       |
| Date Of Accident   | 04/10/2019 09:50                       |
| Exact Location Of Accident   | ALONG PAVILION GREEN                   |
| Country/State of Loss  | SINGAPORE                              |
| C  | DETAILS OF OWN VEHICLE                 |
| Vehicle Registration Number  | SBU31B                                 |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | TAY KIM ENG                            |
| NRIC No  | S1664186C                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-90268000                   |
| Alternative Phone No   | OTHERS-90268000                        |
| Vehicle Particulars  |  |
| Manufacturer   | HONDA                                  |
| Model  | FIT                                    |
| Exact Purpose for which vehicle was being used at time of accident           | WORK                                   |
| 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 CAR                            |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5111118832                             |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | TAY CHILYING CHARLENE                  |

Name of Driver TAY CHU YING CHARLENE

 NRIC No
 \$9500538A

 Date Of Birth
 08/01/1995

 Occupation
 INDOOR

 Date Of Driving Pass
 29/04/2015

Driving Experience 4 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93882898

Fax Number

Contact Number

EMail Address CHARLENETAYCY@HOTMAIL.COM

29 PAVILION GREEN Address

Postcode 658314

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

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

2

YES

NO

1

NO

NO

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE ATTACHED STATEMENT.

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 SLZ46P

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number 92388148

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### **SKETCH PLAN**

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- 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.
- The 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.
- By the lodgment 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.
- 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:
  - 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:
  - 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:

Report Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### **Individual Statement**

| Describe circumstances of the accident  Con the above social date of time, I was stationary my valuale a  (SBU31B) along favilion Green. When I started to move my valual  suddenly vehicle B (SLZ 46 P) coming from behind and collided  ento my vehicle front right portion. No body was injured.  | 9                       |  |  |
|--|-------------------------|--|--|
| Vehicle A: SBU31 B Vehicle B: SL24GP  DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  On the above soil date & time, I was stationing my vehicle A  (SBU31B) along Physicon Green, when I started to move my vehicle suchdary vehicle B (SLZ46P) coming from behind and collided ento my vehicle front right portion. No body was injured.  ECLARATION  We declare the foregoing particulars are true in every respect.  While  Explosed's signature  The foregoing centre Personnel's signature  (If driver is not the policyholder)  Reporting Centre Personnel's signature  (If driver is not the policyholder)  Reporting Centre Personnel's signature  (If driver is not the policyholder)  | SKETCH PLAN             |  |  |
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| te & Time: (If driver is not the policyholder) Name:   | olicyholder's Signature | Driver's Signature   | Reporting Centre Personnel's Signature |
| MARKET A LITTLE TO | ate & Time:             | (If driver is not the policyholder) Date & Time:   |  |

















