

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	25/11/2019 14:08
Date Of Accident	23/11/2019 16:10
Exact Location Of Accident	TELOK BLANGAH CRESCENT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH7228P
Insured/Policyholder	
Name Of Registered Owner	JACKIE ONG CHOON WEE (JACKIE WANG JUNWEI)
NRIC No	S7420647F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98523947
Alternative Phone No	OFFICE-98523947

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	
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	5102993989-01 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	JACKIE ONG CHOON WEE (JACKIE WANG JUNWEI)
NRIC No	S7420647F
Date Of Birth	01/07/1974
Occupation	INDOOR
Date Of Driving Pass	12/05/1997
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98523947
Fax Number	
Contact Number	OFFICE-98523947

Address	BLK 23 TELOK BLANGAH CRESCENT #13-40
Postcode	S090023
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 - MAJOR/MINOR RD
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)	4
Passenger 1	NAME: : YEE BEE LENG GENDER: : FEMALE
Passenger 2	NAME: : KARLE ONG GENDER: : FEMALE
Passenger 3	NAME: : JOVEN ONG 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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TYPE NOT SUPPORTED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8045H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR PHUA

Contact Number

83147575

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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Consent under the Personal Data Protection Act (PDPA)

I/We do hereby, acknowledge, agree and consent that:

- (a) for me/mer, 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 Executive 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 claim;
 - (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) to complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
(If driver is not the policyholder)

Driver's Signature
(If driver is not the policyholder)

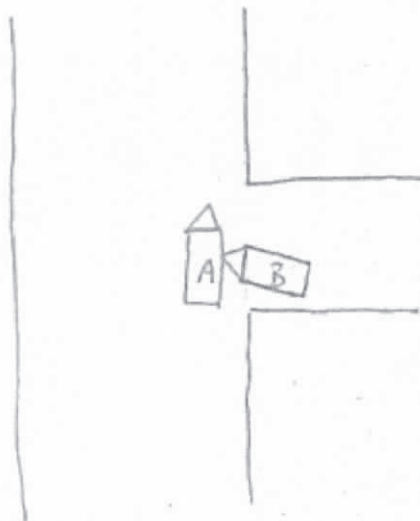
25/11/19

IDAC SIN MING (VAC)
385 Sin Ming Drive
Singapore 575718
Tel: 6455 5358 (ARC)

Reporting Centre
Name: 6452 6622
NRIC/PIN No.

Accident Sketch Plan

REPORT NO.



A: SFH7228P

B: SHC8045

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/11/19, @ about 1610 hrs as I was travelling along Telok Blangah Cres Rd (clear weather), As I was approaching an exit going straight and whilst approaching a car park exit on the right of my car, a taxi bearing SHC 8045 H exit and hit on the right side of my driver door.

Taxi Driver apologised profusely and admitted that he did not check whilst trying to exit.

DECLARATION

I hereby declare the foregoing particulars are true in every respect.

[Signature]

[Signature]

25/11/19

IOAC SIN MING (VAC)
385 Sin Ming Drive
Singapore 575708
Tel: 6455 6358 (ARC)

Reporting Officer: 6450 8804