

## 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 16/11/2019 09:14  
 Date Of Accident 15/11/2019 14:00  
 Exact Location Of Accident UPPER ALJUNIED RD TURNING TO MACPHERSON RD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF663G  
**Insured/Policyholder**  
 Name Of Registered Owner ITHIEL COPY TECHNOLOGY PTE LTD  
 Co Reg No 201425062N  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-81451648  
 Alternative Phone No OFFICE-81451648

### Vehicle Particulars

Manufacturer OPEL  
 Model VIVARO  
 Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE  
 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 COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 5081351809-03 (COMP)  
 Cover Note Number

### Driver

Name of Driver TAN SEOW TUNG  
 NRIC No S1519329H  
 Date Of Birth 29/10/1962  
 Occupation OUTDOOR  
 Date Of Driving Pass 08/09/1989  
 Driving Experience 30 YEARS AND 2 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-81451648 ➔ 84151648  
 Fax Number  
 Contact Number OTHERS-81451648  
 Email Address DAVID\_COPII@YAHOO.COM.SG

Address BLK 788 YISHUN AVE 2 #13-1491  
Postcode 760788  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle  
Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE  
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

REFER TO STATEMENT ATTACHED

#### 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 SBL9584K  
Vehicle Make/Model/Colour MERCEDES 190E  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver WONG JIAN SEN  
NRIC/Passport Number S9328195J  
Contact Number 90680311  
Address 50 LICHU AVE  
Postcode 534824  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

LTA ching Taipei

**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.



*[Signature]*

16 NOV 2019



Policyholder's Signature  
Date & Time:

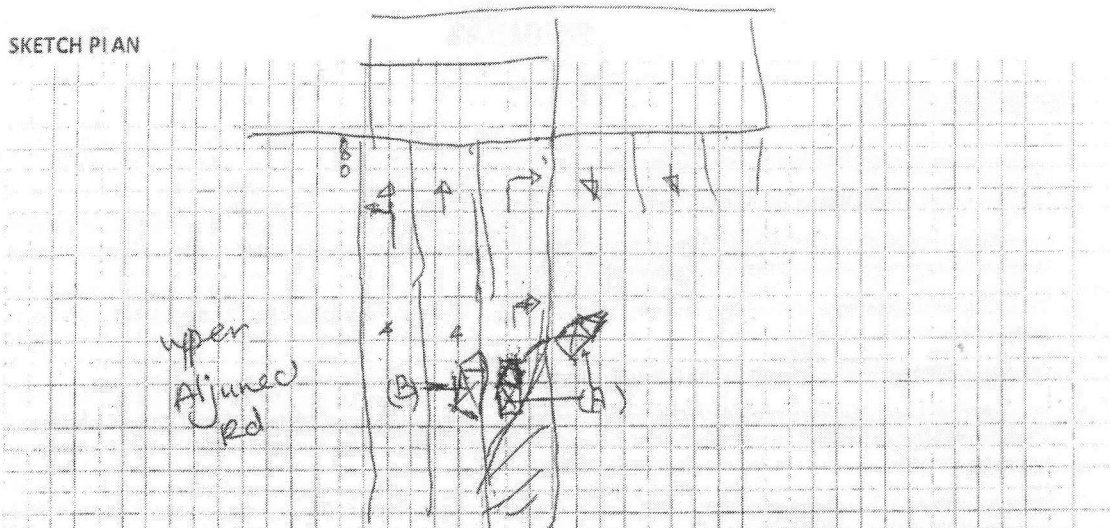
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 2.00 pm, As I driving along at upper Aljunied Rd returning to office, about coming to the junction, the B vehicle on the centre lane all of the sudden without any right signal swerved into the right turn lane and my vehicle (A) just beside vehicle B without right <sup>with</sup> turn signal. To prevent ~~was~~ major accident i swerved to the ~~up~~ ~~vehicle~~ vehicle to the right ~~side~~

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

ASACMC Sketch Plan Form V3