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	29/11/2019 16:25
Date Of Accident	29/11/2019 13:55
Exact Location Of Accident	ALONG CTE SLIP RD TOWARDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE
1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGN5708C
Insured/Policyholder	
Name Of Registered Owner	KNT MOVERS (S) PTE LTD
Co Reg No	201131424E
Email Address	JOANN0604@KNTMOVERS.COM
Mobile Phone No	(LOCAL) +65-93850684
Alternative Phone No	OFFICE-67476636
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	t .
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	5105286061-01
Cover Note Number	
Driver	

Name of Driver OOI CHING SIANG

NRIC No G7595204Q
Date Of Birth 11/01/1984
Occupation OUTDOOR
Date Of Driving Pass 10/08/2017

Driving Experience 2 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98396636

Fax Number
Contact Number

EMail Address NOEMAIL

Address

Postcode

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 - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

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

NO

1

Was any other material or property damaged? NO

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I (VEH A) WAS TRAVELLING ALONG CTE SLIP ROAD TOWARDS YIO CHU KANG RD. WHEN I STOP AT THE STOP LINE FOR CHECKED ON COMING CAR. SUDDENLY I FELT AN IMPACT FROM MY BEHIND. I NOTICED VEH B'S FRONT PORTION HIT ONTO MY VEH A'S REAR PORTION. THAT'S ALL NOBODY INJURY

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 SKV4091P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LAI FOONG PENG

NRIC/Passport Number S7273591I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 26

Sketch Plan Pg. 1 SKETCH PLAN

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- 7. 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)

Lunderstand, 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)
 - (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:

29 NOV 2019

Driver's Signature

(If driver is not the policyholder) Date

& Time:

29 NOV 2019

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

Date & Time of Accident: 29(u)	19 / 1355	Location: CTE	Slip Rd	towards You	Chu Kang Kd
Veh A: 39N 57084 Veh B:	SKV 4919 Ve	h C/Others:			
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	from CTR				
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	21-12-15-0			
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an Impat four pry	behind. I not	ficed Veh B	tuans 2:	pation Chi	! onto
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[] Own Damage Claim at Lir	- 0] TP Claim at Lim T			
[] Own Damage Claim at Ot	ner Workshop [] TP Claim at Other	r Workshop	[] Repor	ting Only
I/We hereby authorised Lim Tan	Motor Pto Itd to forw	ard mulaur filad GIA	annidant vi		
If we hereby authorised Littl fall	wotor Pte Ltd to forwa	ard my/our med GIA	accident re	eport to:-	
My/Our workshop via email :					
My/Our email: 100nn 06040	knt morrors com				
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DECLARATION					
	are true in every respect.				
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(a) (a) (a) (a) (a)				(2)	
MUNICONERS / NAMED	Jany			V2	
Policyholder's Signature Date	Driver's Signature	<u></u> F	Reporting Cent	tre Personnel's Signat	ure
& Time: 7 9 NOV 2019	(If driver is not the policyh & Time: 29 NOV 2	older) Date 1	Name:	=: = =:0:14	-
GIARMC SketchPlanForm V3	& Time: Z 3 NUV 2	UIY I	NRIC/FIN No.:		2











































