

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	09/12/2019 16:39
Date Of Accident	09/12/2019 15:35
Exact Location Of Accident	UPP EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1698X
Insured/Policyholder	
Name Of Registered Owner	LINDA KOH TRADING
Co Reg No	53335336W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88665535
Alternative Phone No	OFFICE-88665535

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092248037-01
Cover Note Number	

Driver

Name of Driver	SNG JI CAI
NRIC No	S8401778G
Date Of Birth	15/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2003
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88665535
Fax Number	
Contact Number	OFFICE-88665535
Email Address	NOEMAIL

Address	BLK 102 ALJUNIED CRESCENT #06-257
Postcode	380102
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 - CHANGE/CROSS LANE
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?	
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

ON STATED DATE AND TIME, AS I WANTED TO TURN RIGHT TWDS SPC. I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT. AS I PROCEED HALF WAY OF EAST COAST RD AND MY VEHICLE WAS IN STATIONARY POSITION. SUDDENLY I FELT IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B GRAZED ONTO MY VEHICLE FRONT PORTION.

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	EL2233J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK GEK LIAN CECILIA NEE HO
NRIC/Passport Number	S0080248D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

Accident Sketch Plan

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:



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



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

STABLE THE BUSINESS

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of LINDA KOH TRADING (53335336W)

Date: 22/04/2016

The Following Are The Brief Particulars of :

Name of Business	LINDA KOH TRADING
Former Name(s) if any	
Date of Change of Name	
Registration No.	53335336W
Registration Date	22/04/2016
Commencement Date	22/04/2016
Status of Business	Live
Status Date	22/04/2016
Renewal Date	
Expiry Date	22/04/2017
Renewal via GIRO	NO
Constitution of Business	Sole-Proprietor
Principal Place of Business	102 ALJUNIED CRESCENT #06-257 SINGAPORE (380102)
Date of Change of Address	

Principal Activities

Activities (I)	PASSENGER LAND TRANSPORT NEC (EG PRIVATE CARS FOR HIRE WITH OPERATOR) (49219)
Description	
Activities (II)	
Description	

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
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REGISTRATION OF BUSINESS NAMES

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Business Profile (Business) of LINDA KOH TRADING (53335336W)

Date: 22/04/2016

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
KOH MUI NEE	S0777358G	SINGAPORE CITIZEN	102 ALJUNIED CRESCENT #06-257 SINGAPORE (380102)	ACRA	22/04/2016 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA160422003982

DATE : 22/04/2016

This is computer generated. Hence no signature required

Accident Photo



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