### 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 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.	
	ACCIDENT STATEMENT
Date Of Report	11/12/2019 12:57
Date Of Accident	11/12/2019 06:00
Exact Location Of Accident	PAYA LEBAR RD (DIAGONALLY OPPOSITE MACPHERSON MRT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ8320D
Insured/Policyholder	
Name Of Registered Owner	CHONG AH JOO
NRIC No	S2008242I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96398162
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 L CVT (A)
Exact Purpose for which vehicle was being used at time of accident	t en
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	5105661966
Cover Note Number	

# **Driver**

**TOH GUAT NGO** Name of Driver NRIC No S2616684E Date Of Birth 18/02/1948 Occupation **INDOOR Date Of Driving Pass** 28/08/1991 **Driving Experience** 28 YEARS AND 3 MONTHS

**FEMALE** Gender

Mobile Number (LOCAL) +65-90900188

Fax Number **Contact Number** 

**EMail Address NOEMAIL**  Address 50 BAYSHORE ROAD

#30-03

Postcode 469977

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 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 YES

Was any other material or property damaged?

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?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

## **Circumstances of Accident**

REFER TO SEKTCH PLAN ATTACHED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE TOO LARGE TO UPLOAD

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHD4027G

Vehicle Make/Model/Colour COMFORT TAXI / BLUE

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver DON GOH KOK CHONG

NRIC/Passport Number S1346286J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 invoive 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## **Accident Sketch Plan**

SKETCH PLAN Ubi AVR 2

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUISTANCES OF THE ACCIDENT
ON 11/12/2019 AT ABOUT 0603HRS, I WAS DRIVING ALONG
PAYA LEBAR ROAD AND MADE A U-TURN AT THE
T-JUNCTION WHERE I KEPT MY VEHICLE WITHIN LANE 4.
SUDDENLY, VEHICLE B, WHO CAME FROM UBI AVE 2
PILTER, DROVE OUT HIS VEHICLE AND HIT ONTO THE
PRONT LEFT HAND SIDE OF MY VEHICLE. WE BUTH
AUGHITED OUR VEHICLES AND TOOK PHOTO ON BACH
OTHER'S DRIVING LICENSE AND MY PASSION CARD
RESPECTIVELY - NO ONE IS INJURED DURING THIS
ACCIDENT.

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.:

## Owner's NRIC





### **Driver's Particulars**





































