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	30/12/2019 13:28
Date Of Accident	28/12/2019 12:30
Exact Location Of Accident	AYE TOWARDS CHANGI EXIT ROWER DELTA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB9615B

LEE SOO BUAY

(LOCAL) +65-93842100

OFFICE-93842100

SXXXX820G

NOEMAIL

HYUNDAI

ELANTRA

Insured/Policyholder

Name Of Registered Owner

NRIC No. Email Address

Mobile Phone No Alternative Phone No.

Vehicle Particulars

Manufacturer Model

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?

If No, Please state action to be taken

Vehicle Category

Insurance Company Name of Insurance Company

Type Of Coverage Fleet Policy

Policy Number

Cover Note Number

NTUC INCOME INSURANCE CO-OPERATIVE LTD

NO

COMPREHENSIVE

505085006-008

THIRD PARTY

PRIVATE CAR

Driver

Name of Driver

NRIC No Date Of Birth Occupation

Date Of Driving Pass Driving Experience

Gender

Mobile Number Fax Number

Contact Number

EMail Address

NOEMAIL

CHEW WEE BENG DANNY

SXXXX576C 16/06/1969 INDOOR

23/06/1990 29 YEARS AND 6 MONTHS

MALE

(LOCAL) +65-91380633

Address

BLK 287B JURONG EAST STREET 21

#06-338

Postcode

602287

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 - 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)

Passenger 1

NAME:

: LEE SOO BUAY

GENDER:

: FEMALE

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 28/12/2019 AT ABOUT 1230 HOURS, I WAS TRAVELLING ALONG AYE TOWARDS CHANGI EXIT ROWER DELTA, I WAS STATIONARY DUE TO FRONT TRAFFIC, SUDDENLY VEHICLE B CUT IN YO MY LANE AND HIT MY VEHICLE.

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

XD9640M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

Date of Accident	: 28.12->019 Accident Time: 12.30 pm (24-HR-Format)					
Accident Place	: AYE TOWARDS Changi Exit Rower Delta					
Vehicle. No. (Car Plate No.)	: SKB 9615B Make/Model: Hyunda: Elantra					
Insurace Company	: NTUC Policy No: 505085006 -08					
Owner or Company Name /IC No.	: Lee Soo Buay (57442B269)					
Owner or Company Contact No.	Owner's Hp 93842100 Company Tel					
DRIVER'S Name / IC No.	: Chaw Wae Beng Danny					
DRIVER'S Date Of Birth	: 16.06.1969 DRIVER'S License Pass Date 16.06.1969					
Relationship of Owner & Driver	Spouse Parents \ Children \ Sibling \ Employee\ Others:					
DRIVER'S Address	: BLK 287B Jurong East Street 21 # 06-338(5)60228					
DRIVER'S Contact No./ Alt No.	:1) 9138 0633 2) -					
DRIVER'S Occupation	(INDOOR OUTDOOR (e.g. working inside or outside office)					
Email Address						
Weather & Road Surface	:CLEAR & DRY RAINING & WET \ AFTER RAIN & WET					
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance					
Number of Passengers (Including Da	river): Driver passengers					
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camera: YES (NO) s being used at the time of accident. Private use Work purpose					
Other P	arty Driver's Particular (if anv)					
Vehicle, No: XD 9640 N	Vehicle, No:					
/ehicle Make\Model:	Vehicle Make\Model:					
lame Driver:	Name Driver:					
C No. Driver/Contact:	IC No. Driver/Contact;					
NEW Passenger's name &	gender: 300 Blay - Fewale					

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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 Mionetary 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 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:
 - 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)

WW

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On 28 12, 2019 at about 12.30pm 1 was
travell	ling along AYE towards chang Exit Rower Delta.
97	I was station any due to front traffic
Suddenly	vehicle B cut in to my lane and hit my vehicle.

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.: