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	14/01/2020 12:16	
Date Of Accident	14/01/2020 10:05	
Exact Location Of Accident	KPE (ECP) BEFORE PIE EXIT	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMQ187B	
Insured/Policyholder		
Name Of Registered Owner	SOUTHERN CARS PTE LTD	
Co Reg No	2XXXXX448W	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98477878	
Alternative Phone No	OFFICE-98477878	
Vehicle Particulars		
Manufacturer	HYUNDAI	
Model	AD AVANTE 1.6 GLS (A)	
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	THIRD PARTY	
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	5113413027	
Cover Note Number		
Driver		

Name of Driver CHIEW HOCK LIAN NRIC No SXXXX649G Date Of Birth 08/12/1963 Occupation **OUTDOOR Date Of Driving Pass** 27/10/1981

Driving Experience 38 YEARS AND 2 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-90296873

Fax Number

Contact Number OFFICE-90296873

EMail Address NOEMAIL Address BLK 422 SERANGOON CENTRAL

#08-366

Postcode 550422

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

YES

NO

2

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)
Passenger 1

NAME: : -

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 STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE SLOW DOWN. I SLOW DOWN MY VEHICLE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKP9133B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Name of Driver LAU YEW CHOONG

NRIC/Passport Number SXXXX929E

Contact Number

Vehicle Category

Address Postcode No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 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 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 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.

UEN: UEN:

Policyholder's Signature Date & Time: 42

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signatur Name:

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN			
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licyholder's Signature te & Time:	Driver's Sign (If driver is a Date & Time	not the policyholder)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



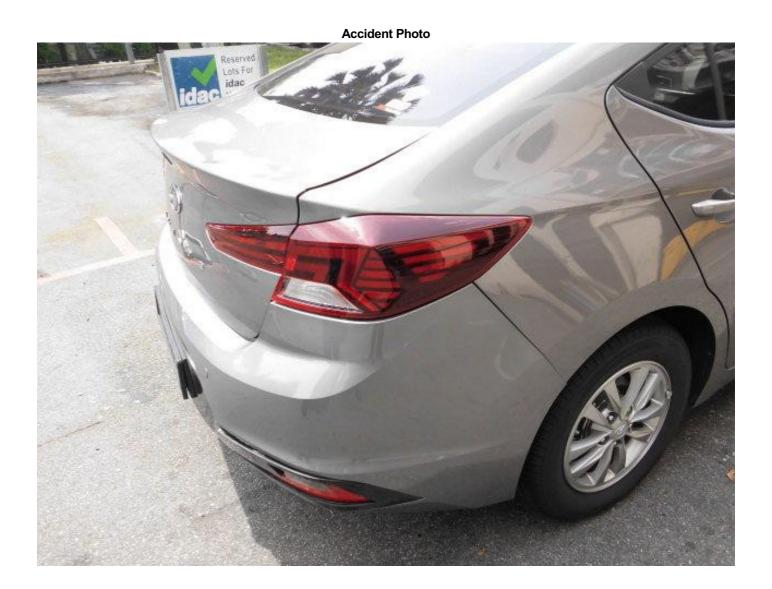




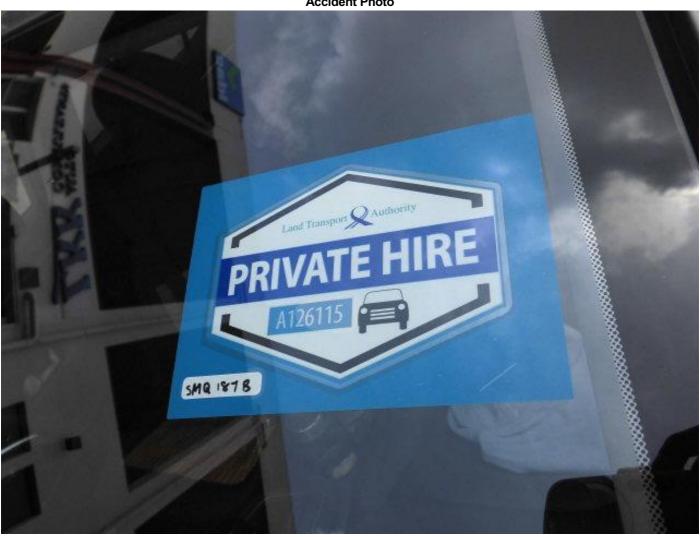


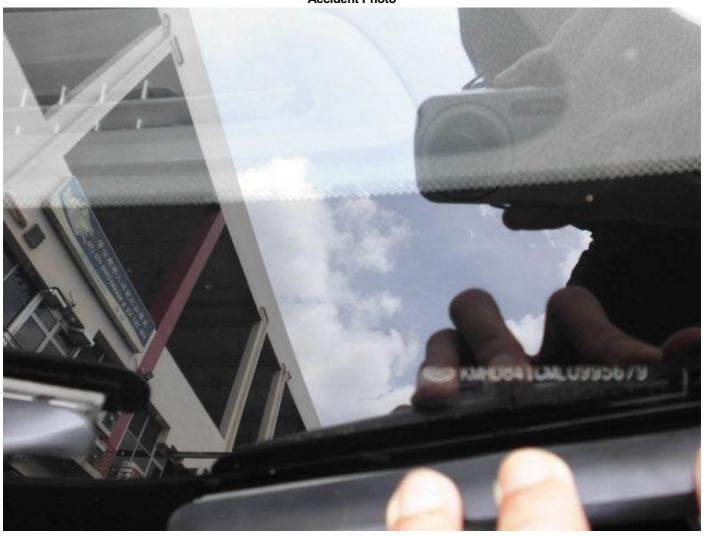












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