

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	30/01/2020 16:27
Date Of Accident	24/01/2020 08:55
Exact Location Of Accident	BEO CRESCENT - MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7177D
Insured/Policyholder	
Name Of Registered Owner	E 1 ASIA HOLDINGS PTE. LTD
Co Reg No	200904462M
Email Address	MELVIN@E1ASIA.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96881332

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 (R17)-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5112077563-000006
Cover Note Number	

Driver

Name of Driver	CHUA TECK POH
NRIC No	S0131170J
Date Of Birth	07/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1976
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97432756
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 756 WOODLANDS AVE 4 #10-285
Postcode	730756
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EMPLOYEE
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)	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

REFER TO ATTACHED SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG1701J
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW MIN CHOON
NRIC/Passport Number	S1812134D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

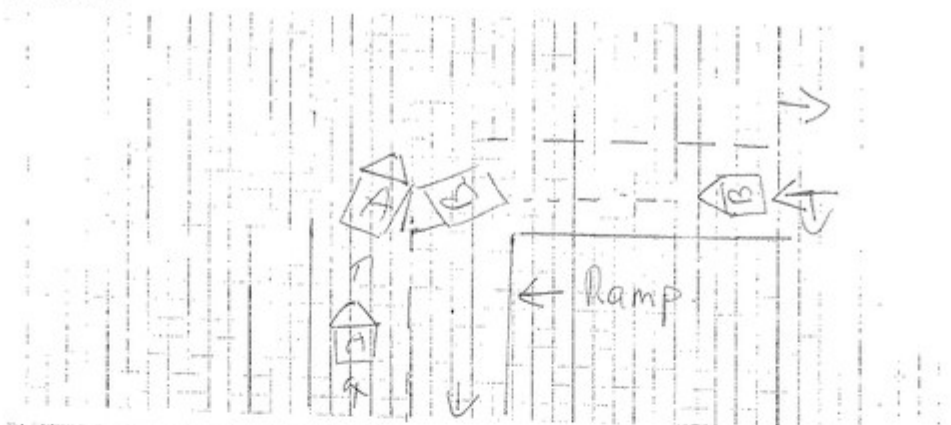
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 being about delivery at the same as well as on the external cover of envelopes/mail package); 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/are 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 based 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 (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing risks; regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for the purposes of compliance with any regulations, law or court order.



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

[Signature] 30 JAN 2020
Resolving Centre Personnel's Signature
Name
ID No. / Age / Sex

SWITCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/01/20 at about 0855 hrs, I was parking at BEO Crescent Multi story carpark, the hourly parking lot on the 4th floor. While at the 3rd story going up, SGG 1701 J travel down. SGG 1701 J shift out of his lane and hit onto my vehicle right side. SGG 1701 J vehicle suffer minor damage. At the time of Accident SGG 1701 J intend to turn left that why hit onto my vehicle.

DECLARATION

I hereby declare that the information provided is true and correct.

Signature of Driver

Date & Time

Signature of Driver

Date & Time

Signature of Driver

Date & Time



[Signature]

Driver's Signature
I declare that the information provided is true and correct.
Date & Time



30 JAN 2020

Driver's Signature
I declare that the information provided is true and correct.
Date & Time

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

