

## 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	06/02/2020 21:31
Date Of Accident	05/02/2020 15:20
Exact Location Of Accident	ALONG PIE(CHANGI) AT LORONG 1 ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8488E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW XUAN WEI, DERRICK (LIU XUANWEI)
NRIC No	S8716631G
Email Address	DERRICKLOW.SINGAPORE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96899591
Alternative Phone No	OFFICE-96899591
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	X1 1.5
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108674036
Cover Note Number	
<b>Driver</b>	
Name of Driver	LOW XUAN WEI, DERRICK (LIU XUANWEI)
NRIC No	S8716631G
Date Of Birth	04/06/1987
Occupation	INDOOR
Date Of Driving Pass	19/07/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96899591
Fax Number	
Contact Number	OFFICE-96899591
Email Address	DERRICKLOW.SINGAPORE@GMAIL.COM

Address BLK 462 #09-1158 ANG MO KIO AVENUE 10  
 Postcode 560462  
 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 - 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? 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**

PLEASE REFER TO SKETCH PLAN

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: ADVISED TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SFU2507K  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver NEO MEI CHENG  
 NRIC/Passport Number S8575355Z  
 Contact Number 81864923  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 1

## Sketch Plan

### SKETCH PLAN

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#### B. Consent under the Personal Data Protection Act (PDPA)

I understand and now I 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 insurers (who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident may be collectively referred to as the **Insurers**), the insurers' law-yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 insurers (who have insured vehicle(s) involved in this accident and the insurers' law-yers/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 law-yers/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.

LOW XUAN WEI, DERRICK (L/O  
XUANWEI)

36-02-0020 15:51

Policyholder's Signature Date & Time

LOW XUAN WEI, DERRICK (L/O XUANWEI)

36-02-0020 15:51

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

Witnessed by Reporting Centre Personnel

## Sketch Plan #2

### Sketch Plan

The sketch plan is based on the closest scenario.  
Please refer to "Circumstances of the Accident".



### Describe Circumstances of the Accident

BLACK CAR : SF07507E

WHITE CAR : SLX8408E

#### DESCRIPTION :

On the 5th February 2020, LOYI XUAN WEI DERRICK was driving my vehicle SLX8408E along Toa Payoh and entered into PIE Changi at the give way line / stopped to check for traffic in the expressway, before attempting to proceed in when I stopped, a vehicle SF07507E Collided into the rear of my vehicle, no one was injured.

### Declaration

We declare the foregoing particulars are true in every respect.

LOYI XUAN WEI DERRICK (SU)  
XUANWEI  
06/02/2020 15:01

Policyholder's Signature Date &  
Time

LOYI XUAN WEI DERRICK (SU) XUANWEI  
06/02/2020 15:01

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

Witnessed by Reporting Centre  
Personnel