

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	20/02/2020 15:00
Date Of Accident	19/02/2020 08:40
Exact Location Of Accident	GRANGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU751Y
Insured/Policyholder	
Name Of Registered Owner	WLL ASSOCIATES
Co Reg No	5XXXX235E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5088259942-02
Cover Note Number	

Driver

Name of Driver	WONG LIANG LOCK
NRIC No	SXXXX855G
Date Of Birth	10/02/1957
Occupation	INDOOR
Date Of Driving Pass	15/06/1978
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94550366
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 532 SERANGOON NORTH AVE 4 #07-237
Postcode	550532
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 - 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)	2
Passenger 1	NAME: : REIKO KANSAI 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

PLS REFER TO THE ATTACHED STATEMENT.

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 Witness 1

Name	REIKO KANSAI
Phone Number	98276803
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK8282M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident 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 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:
(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.

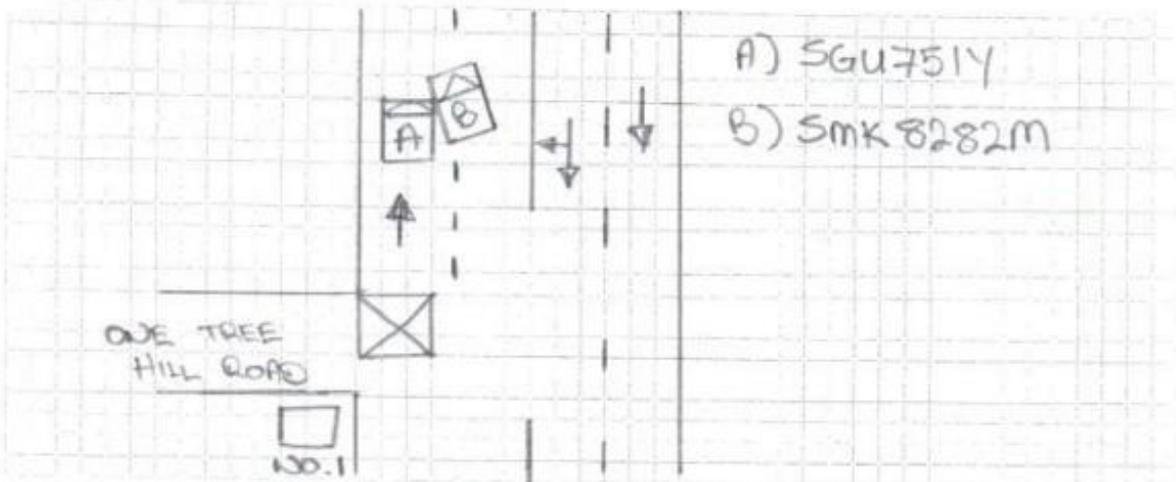
Policyholder's Signature
Date & Time:

WLL ASSOCIATES
Co Reg No: 53357235E
Driver's Signature
Date & Time:

Reporting Centre Personnel's Signature:
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19 FEB 2020 AT ABOUT 8:40AM, I PICKED A PASSENGER MS REIKO KAUSAI AT THE CHILDCARE CENTRE OF NO.1 ONE TREE HILL ROAD AND SHE WAS GOING TO 51 NEIL ROAD. I STOPPED AT THE T-JUNCTION OF ONE TREE HILL ROAD WAITING TO TURN INTO GRANGE ROAD BECAUSE THE TRAFFIC WAS HEAVY. GRANGE ROAD IS A TWO LANE ONE WAY ROAD. WHEN IT WAS CLEAR FOR ME TO TURN, I TURNED INTO THE LEFT LANE AND PROCEEDED STRAIGHT ALONG GRANGE ROAD. I HAD TRAVELLED ABOUT 70 METRES AT A SPEED OF ABOUT 40KM/H WHEN MOTOR CAR SMK8282M TRAVELING ON THE RIGHT LANE OF GRANGE ROAD AT A HIGH SPEED AND OVERTOOK MY CAR TOO CLOSELY, CUT INTO MY LANE SUDDENLY AND COLLIDED INTO THE FRONT RIGHT CORNER OF MY CAR. MY HEADLIGHT, SPOTLIGHT, BUMPER AND FRONT RIGHT SIDE OF MY CAR WAS DAMAGED. THE LEFT SIDE OF HIS CAR FROM FRONT TO BACK WAS DAMAGED BECAUSE HE MOVED ON AFTER COLLIDED INTO MY CAR. AFTER WHICH HE STOPPED HIS CAR ON THE LEFT LANE AND EXCHANGED PARTICULARS. THE DRIVER WAS MR LEE YUWYONG, NRIC S82046561, ADDRESS, 63 MT SIAI DRIVE #04-03 S(277116). MY PASSENGER MS. REIKO KAUSAI, HP NO. 98276803 IS WILLING TO BE MY WITNESS. A TRAFFIC POLICE CAME LATER, STOPPED AND ASKED IF THERE IS ANY INJURY. SINCE NOONE WAS INJURED, HE TOLD US TO MAKE OUR OWN REPORT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature

Date & Time:

WLL ASSOCIATES
 Co Reg No: 53357235E
[Signature]

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

[Signature] 20/02/20

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

