### 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 <u>truthful and accurate</u> 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

	aforesaid.	one to the dronwing of this report at the control and to copies of the report boing made available
		ACCIDENT STATEMENT
	Date Of Report	27/02/2020 11:56
	Date Of Accident	27/08/2019 11:00
	Exact Location Of Accident	BLK 633 VEERASAMY CARPARK
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SLZ4828Z
	Insured/Policyholder	
	Name Of Registered Owner	KC CAR RENTAL PTE LTD
	Co Reg No	2XXXX588M
	Email Address	NOEMAIL
	Mobile Phone No	
	Alternative Phone No	OFFICE-90672582
	Vehicle Particulars	
	Manufacturer	HONDA
	Model	FREED
	Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
	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	YES
	Policy Number	5109056461
	Cover Note Number	
	Driver	
	Name of Driver	WILSON GOH CHIN KOK

Name of Driver WILSON GOH CHIN KOK

NRIC No SXXXX679Z

Date Of Birth 23/08/1973

Occupation OUTDOOR

Date Of Driving Pass 12/09/2006

Driving Experience 12 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85882272

Fax Number

Contact Number

EMail Address WILSON.GOHCK@GMAIL.COM

Address BLK 408B FERNVALE RD

#20-22

Postcode 792408

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

-

**General Information of the Accident** 

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions RAINING
Road Surface WET

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4880999 - **FAX NO**: 64883561

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLS REVER TO THE POLICE REPORT:T/20190828/2039

Attachment(s)

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

Remarks/ Reasons: MAIL TO OD SUPPORT

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number PC2427J

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)

#### Accident Sketch Plan

#### SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyhalder and for the Authorised Oriver
- information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of criaterial 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Rocards 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
- By the loggment of this report to the insurers, you hereby consent to the erchiving of this report at the centre and to copies of
- 5. Consent under the Personal Data Protection Act (POPA)

l 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 sat 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 fitms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (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
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the
- all insurer(s) who have insured vehicle(s) involved in this actident and the insurers' (awyers/law firms, may/are permitted to collect, use, displace and/or process my Personal information for one or more of the above Purposes; and
- 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 Purpules.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection,
- (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 at reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

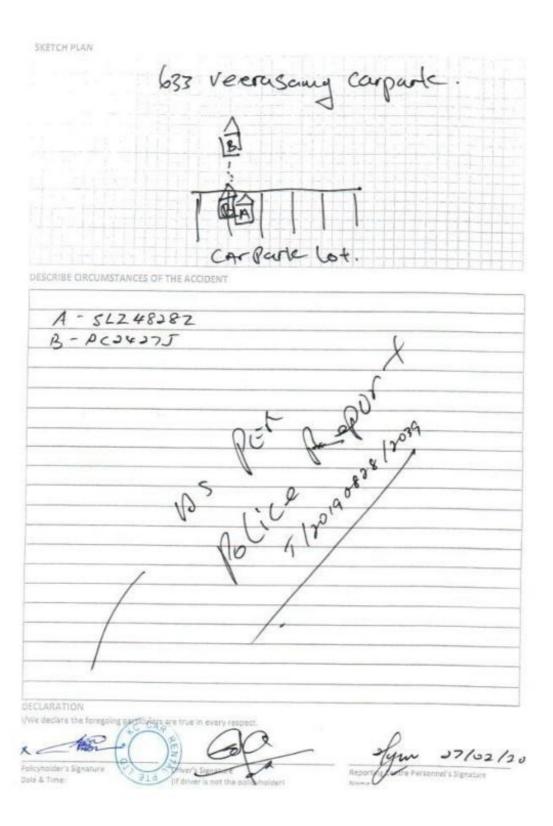
Policyholder's Signature

Ortver's Signa (if server is not the policyholder)

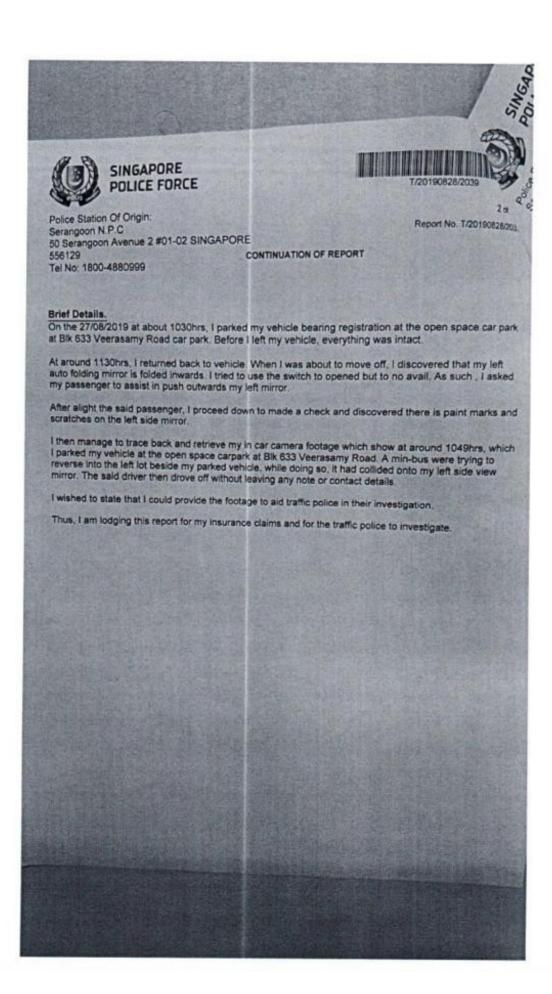
Date & Time.

NRICHTON No. -

#### **Accident Sketch Plan**



#### **Individual Statement**

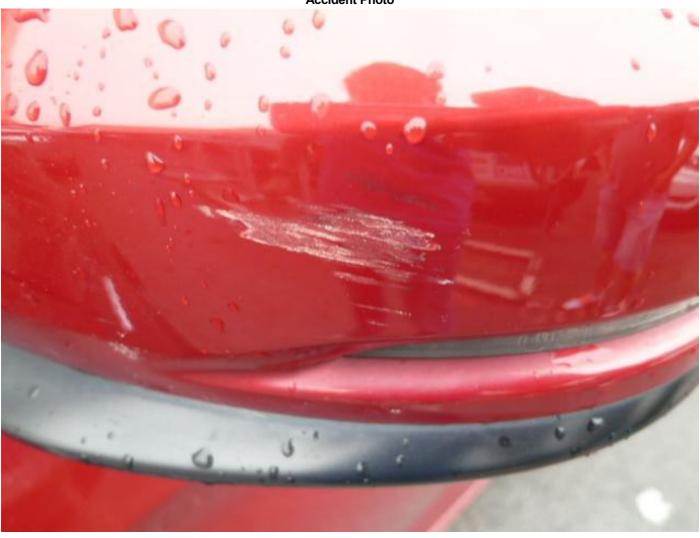






















#### **Police Report**

