

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	07/03/2020 12:00
Date Of Accident	06/03/2020 19:30
Exact Location Of Accident	YEO'S BLDG SINGAPORE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX2192J
Insured/Policyholder	
Name Of Registered Owner	KHIEW SIEW LAN
NRIC No	S1691023F
Email Address	JOSEPHINE.KHIEW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97898186
Alternative Phone No	OFFICE-97898186

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 (A)
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084968922-03
Cover Note Number	

Driver

Name of Driver	KHIEW SIEW LAN
NRIC No	S1691023F
Date Of Birth	11/03/1965
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1986
Driving Experience	33 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97898186
Fax Number	
Contact Number	OFFICE-97898186
EEmail Address	JOSEPHINE.KHIEW@GMAIL.COM

Address	BLK 70C TELOK BLANGAH HEIGHTS #19-541
Postcode	103070
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)	2
Passenger 1	NAME: : YEO BOON HOI GENDER: : MALE

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OI WILL EMAIL TO INCOME
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8782M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNKOWN
NRIC/Passport Number	
Contact Number	90639787
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

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.

KHIEW SIEW LAN
07/03/2020 10:39

Policyholder's Signature / Date &
Time

KHIEW SIEW LAN
07/03/2020 10:39

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

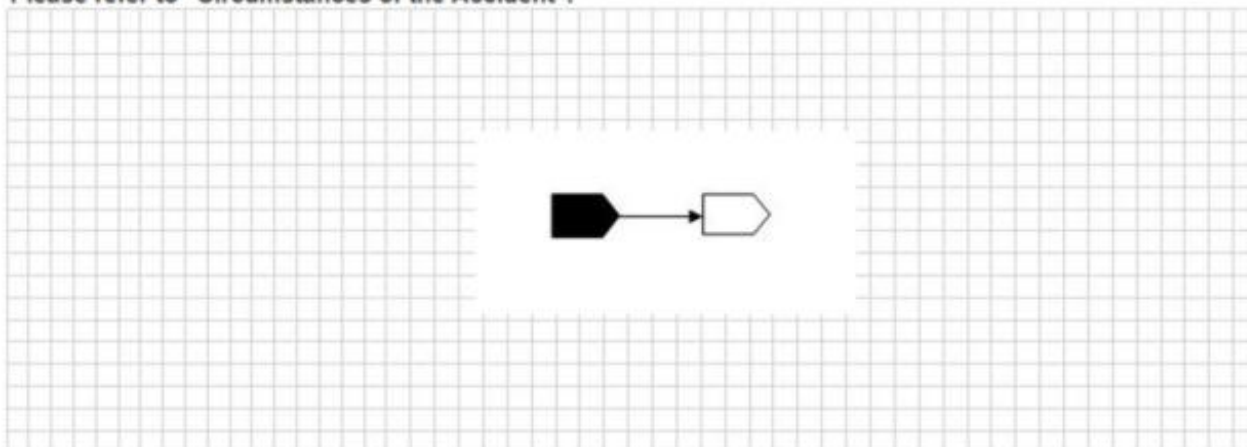
Witnessed by Reporting Centre
Personnel

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 : SHC8782M

WHITE CAR : SKX2192J

DESCRIPTION :

On 06/03/2020 at around 1930hrs, while I was making a U-Turn along Telok Blangah Road underneath the West Coast Highway, SHC8782M collided into my rear while I was stationary as I was giving way to vehicles coming from the opposite direction. No injuries were sustained in the accident.

Declaration

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

KHIEW SIEW LAN
07/03/2020 10:39
Policyholder's Signature / Date &
Time

KHIEW SIEW LAN
07/03/2020 10:39
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

**GENERAL
INSURANCE
ASSOCIATION**
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #16-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0630
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

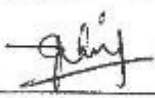
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No. : MN11 20029497 Vehicle Registration No. : SKX 2192J
Name (as shown in NRIC) : Khiew Siew Lan NRIC/EP/Passport No. : S1691023F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 70C Telok Blangah Hts 19-541 Singapore (03070)
Contact (Tel) : 97898186 Mobile No. : 97898186
Email Address : Josephine.Khiew@gmail.com
Date of Accident : 06/03/2020 Time of Accident : 19-30
Place of Accident : Telok Blangah Rd. Outside Yeo Building
Insurance Company : Income (NP4C)

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amendment to Occupation: from Indoor to Outdoor


Policyholder / Driver's Signature
Date: 08/03/2020


Reporting Centre Personnel's Signature
Name: Linn Boon Hock
NRIC/FIN No.: S9923500
Date: 8/3/20