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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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.

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

	ACCIDENT STATEMENT
Date Of Report	31/03/2020 17:27
Date Of Accident	30/03/2020 22:10
Exact Location Of Accident	WOODLANDS AVE 2 TWDS SLE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS4131K
Insured/Policyholder	
Name Of Registered Owner	SOONG YIP HENG
NRIC No	SXXXX434Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91978083
Alternative Phone No	OFFICE-91978083
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5112112914
Cover Note Number	
Driver	
Name of Driver	SOONG YIP HENG
NRIC No	SXXXX434Z
Date Of Birth	03/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	04/05/2010
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91978083
Fax Number	
Contact Number	OFFICE-91978083
	NOTALL

NOEMAIL

Address 71 WOODLANDS AVE 10 #08-03

Postcode 737743

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

1 No, Relationship of the Briver with the meanes

Vehicle Registration Number of Driver's Own Vehicle

enicie

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Number of Passengers (including briver)

NAME: SEE YEE NEE

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

NO

2

If Yes, against whom?

## Circumstances of Accident

I WAS TRAVELLING ALONG WODLANDS AVE 2 TWDS SLE ON THE CENTER LANE, SUDDENLY A TAXI FROM THE LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC4011G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### **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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- By the lodgment 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.
- 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:
  - 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:

Driver's Signature

(If driver is not the policyholder)

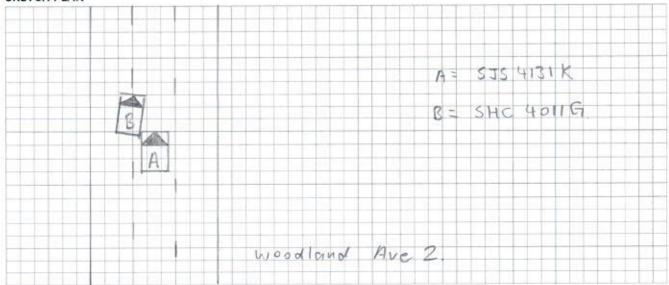
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	+0	Statement	
		T	

# DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

<b>eBao</b> Tech										Genera	alClaim
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	0	5112112914		SOONG YIP HENG	S8155434Z	GPC	drivo CLASSIC	SJS4131K	SJS4131K	24/08/2019	23/08/2020
						Continue	1				

#### 4/1/2020 Claim Handling(accident reporting Claim Task ) Claim Handling Accident MT/1090274 GST Registration No. S254131K Policy No. 5112112914 Vehicle No. Certificate No. Policyholder Name SOONG YIP HENG Policyholder NRIC 581554347 Cover Type PRIVATE CAR INSURANCE STIVE CLASSIC Contact No.(Home) Contact No.(Mobile) Contact No.(Office) 91978083 Email Address Special Remark eCode No \* KFK . No Yes TCA \* No Yes eCode Reason NCD Protection NCD Entitlement(%) Private Hire No ▼ Accident Details 01/04/2020 09:08 Accident Report Within 24 hrs Accident Type Collision - Change / Cross & Date of Accident 30/03/2020 Time of Accident hh:mm 22:10 Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location WOODLANDS AVE 2 TWD5 SLE ▼ Total Excess Applicable Windscreen Excess 100,00 Excess Type Per Accident OD Standard Excess TP Standard Excess 0.00 600.00 YIED OD Excess 0.00 VIED TP Excess 0.00 Driver is Covered? Covered Additional Excess Total OD Excess Applicable Total TP Excess Applicable 0.00 600,00 → Benefits ✓ GST Registered Information GST Registered GST Registration Date GST Registration No. **GST Status Verified** Yes Modification History → Policyholder Mailing Address Address 1 SINGAPORE 389536 597A GEYLANG ROAD Address 2 Address 3 Address 4 Address Type Singapore address Post Code 389536 Related Policy Number 5112112914 Unit No. ♥ 01 Driver Info SOONG YIP HENG Driver Type Main Drive Driver Name Unnamed driver Name Driver NRIC S8155434Z Driver DOB 03/07/1981 Register Date of Driver License 04/05/2010 Driver Age 38 **Driving Experience** Contact No.(Mobile) 91978083 Contact No.(Office) Contact No.(Home) Address 1 Address 2 SINGAPORE 389536 Address 3 597A GEYLANG ROAD Address 4 Address Type Singapore address Post Code 389536 Unit No. Does he own a Singapore Registered car? Yes . No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test Reading? Yes . No Any injury? 0 mg Modification History Claim 001 New ▼ Insured SOONG YIP HENG S8155 Claim Type + OD-MX Contact No. (Home) Contact Contact No.(Mobile) 98521137 No. (Office) Ot Vehicle Number SJS4131K TP Vehicle Number Email Address 5HC40 Name of Preferred Workshop Claim Description S3S4131K / SHC4011G ON 30 Mar 2020 0 Preferred Liability Not at Fault Repair Preferred Workshop Professor Preferred Workshop Bollect No. Finalisation Yes GIA Received Preferred Workshop, Name unknown Date Received 01/04/. Date Registered 01/04/2020 09:11 Report Taken By LIEW SHAN HUI Print AK letter Save Submit

Accident No.	MT/1090274	Claim No.		001				
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# Claim Handling(accident reporting Claim Task )

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Video List							
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Attachment	Optoaded	d By/Date	Category	7	Urgency	Description	

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