### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	11/04/2020 13:57
Date Of Accident	10/04/2020 13:45
Exact Location Of Accident	JUNCTION OF JLN TOA PAYOH AND WOODSVILLE CLOSE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG4086J
Insured/Policyholder	
Name Of Registered Owner	KOH SWEE YEE MRS LEE SWEE YEE
NRIC No	S1193578H
Email Address	KOHSWEEYEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96772926
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	PASSAT-1.4 TSI (B7) (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	5111119231
Cover Note Number	DRIVO PREMIUM
Driver	
Name of Driver	KOH SWEE YEE MRS LEE SWEE YEE
NRIC No	S1193578H
Date Of Birth	27/12/1956
Occupation	INDOOR
Date Of Driving Pass	15/02/1979
Driving Experience	41 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96772926
Fax Number	

OFFICE-NOPHONE

KOHSWEEYEE@GMAIL.COM

Address 628 UPPER THOMSON ROAD

#02-48 SINGAPORE

Postcode 787131

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

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Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

Passenger 1

NO YES

Was any other material or property damaged?

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

NO

2

Soliciting/orienting accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: LEE MING KWANG DANNY

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:

ADVISE TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SDU444U

Details Of Properties

Vehicle Category

Vehicle Make/Model/Colour

Of Properties

PRIVATE CAR

Name of Driver EUGENE TAN

NRIC/Passport Number S7300250H Contact Number 96914173

Address

Postcode

Insurance Company Name

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No. Of Passenger (Including Driver)

### Sketch Plan

### SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- 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 Sirigapore 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 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
- 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.
- 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.

Policyffolder's Signature Date & Time: 10/

Driver's Signature

(If driver is not the policyhaider)

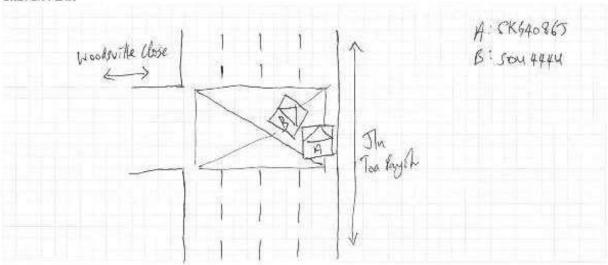
Date & Time:

Reporting Centre Personnel's Signature

Name: Robinson NRIC/FIN NO: 446022

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On \$10/04/2020 at around 1345hr. I was travelling on In
Too Payon on the right most lane. As the traffic light was green in
my favour. I proceeded as per usual. Suddenly, as I was passing by
Woodsville Wase junction, SD44444 came out from my left and
colleded into my car.
There was ind injury and dasheam from my ca
recorded the incident

## DECLARATION

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

Policyholder's Signature Date & Time: 10/04/2010 1630h

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Kok... & NRIC/FIN No.: SMALO 12