

## 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	09/05/2020 12:17
Date Of Accident	08/05/2020 17:15
Exact Location Of Accident	BUKIT TIMAH ROAD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3212Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG SHI LEI
NRIC No	SXXXX967B
Email Address	AND.JW.TAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81250852
Alternative Phone No	OFFICE-81250852

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	WORK USE
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	NO
Policy Number	5105717445-01
Cover Note Number	

### Driver

Name of Driver	TAN JUNWEI
NRIC No	SXXXX602B
Date Of Birth	01/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	16/08/2006
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81250852
Fax Number	
Contact Number	
Email Address	AND.JW.TAN@GMAIL.COM

Address	APT BLK 215A COMPASSVALE DRIVE #08-518
Postcode	541215
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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: : GRAB PASSENGER
	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 ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG204Z
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)	



## SKETCH PLAN

## IMPORTANT NOTES

1. Please report accidents the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Insured Driver.
3. Information provided must be as accurate and clear as possible. Any willful misrepresentation or withholding of material facts may cause insurance companies to cancel the policy.
4. The filling and submission of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any claim involving road traffic accidents may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the Civil Records Management Centre established by the Forest Insurance Association of Singapore (FIA) for archiving and that copies of this report will have to be made available upon application by interested parties.
7. By the submission 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, the undersigned, acknowledge, agree and consent that:

- (a) my insurer, my solicitor 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 processed by my insurer collectively the "Personal Information" and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in the accident (all insurers who have insured vehicles involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Singapore Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 internal 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 Insurers who have insured vehicles involved in the 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/are 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 (a) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in conducting, investigating, controlling or managing fraud, regulatory, law enforcement and government agencies as reasonably required for the purposes above;
  - (ii) for complying with requirements under any regulations, laws or court orders.

Insured Driver's Signature  
Date & Time

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

Insurer's Representative's Signature  
Name  
Designation



A SJM3212Z  
B SJG204Z



PRELIMINARY CIRCUMSTANCES OF THE ACCIDENT

My car was stopped and stationary behind of CAR B  
while waiting for the red light traffic to turn green.  
I realize CAR B moving backward without apply his brake  
hence I press my horn to warn him but CAR B couldn't  
stop in time and hit onto my front portion.  
I've in car camera to support my accident report.

I understand the foregoing particulars are true in every respect.

Driver's Signature  
If signed by a witness, please  
print name

Signature of the Person  
Name  
Address