

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	20/02/2020 13:16
Date Of Accident	18/02/2020 13:35
Exact Location Of Accident	70 JALAN PELATINA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD9930S
Insured/Policyholder	
Name Of Registered Owner	MELISSA HENG WEI LING
NRIC No	SXXXX347A
Email Address	MELISSA.HENG@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-91115617
Alternative Phone No	OFFICE-91115617
Vehicle Particulars	
Manufacturer	BMW
Model	420I
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	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	5112920596
Cover Note Number	
Driver	
Name of Driver	MELISSA HENG WEI LING
NRIC No	SXXXX347A
Date Of Birth	23/07/1978
Occupation	INDOOR
Date Of Driving Pass	13/06/2002
Driving Experience	17 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91115617
Fax Number	
Contact Number	OFFICE-91115617
Email Address	MELISSA.HENG@ICLOUD.COM

Address 70 JALAN PELATINA
SINGAPORE

Postcode 577323

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 - 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?

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: : JONAH LEONG
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 ATTACHED; REMARKS:TYPE OF ACCIDENT PLEASE REFER ATTACHED STATEMENT.

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 Witness 1

Name KELVIN TAN

Phone Number 92243437

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKT192T

Vehicle Make/Model/Colour ORANGE COLOUR

Details Of Properties REFER ATTACHED

Vehicle Category PRIVATE CAR

Name of Driver KELVIN GOH SOON KUAN

NRIC/Passport Number

Contact Number 96175237

Address

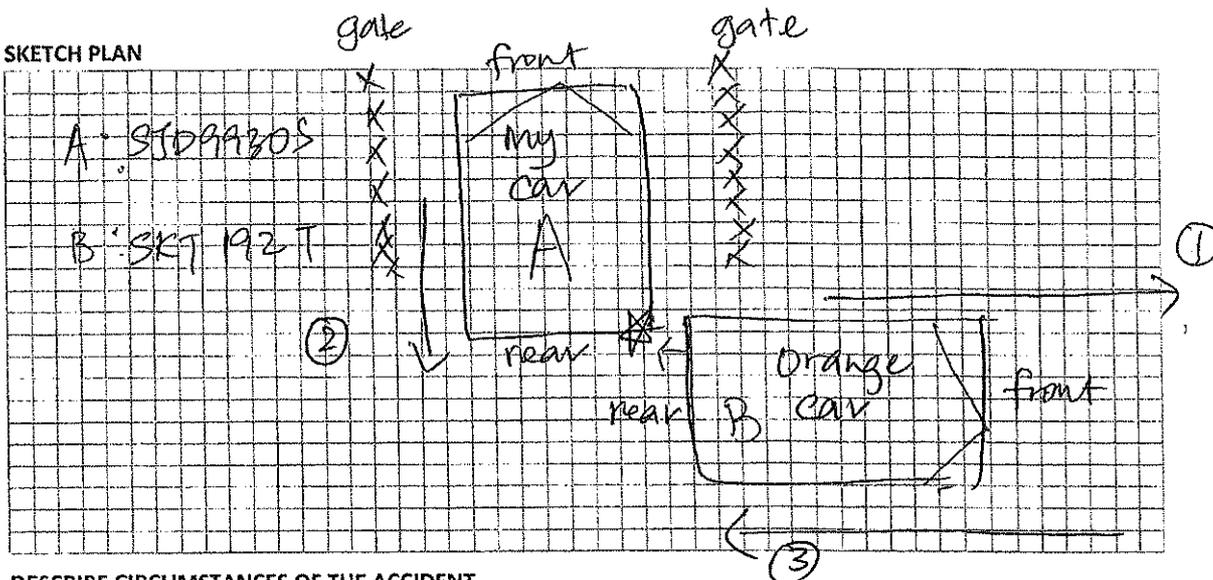
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was coming out of my house, and I saw an orange car drive past (through my rear view mirror.) ①

I reversed and stopped to check my blind spots ② but the orange car reversed and hit me at the rear right hand corner of my car ③

My neighbour was walking home and he witnessed the incident. My car was stationary when the orange car backed (reversed) and hit me.

DECLARATION

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

Mensen
 Policyholder's Signature
 Date & Time:
 20 Feb 10:56am
 2020

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

KERINE TANG
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

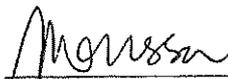
SKETCH PLAN

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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.



Policyholder's Signature

Date & Time:

20 February
11:02 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:



KERINE TANG

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: