MHW120050843 / Hock Wah Motor Workshop Pte Ltd - Bedok ENTRY DATE & TIME: 11/06/2020 10:04 SUBMITTED BY: Adeline Tan Qun Fang

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Gender

Mobile Number

**Contact Number EMail Address** 

Fax Number

- 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 <u>truthful</u> and <u>accurate</u> 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.		
	ACCIDENT STATEMENT	
Date Of Report	11/06/2020 10:04	
Date Of Accident	10/06/2020 16:00	
Exact Location Of Accident	ALONG BEDOK RESERVOIR ROAD TOWARDS TAMPINES	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGU3161E	
Insured/Policyholder		
Name Of Registered Owner	NG LIAN SOON	
NRIC No	S1740065G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-85338891	
Alternative Phone No	OTHERS-85338891	
Vehicle Particulars		
Manufacturer	BMW	
Model	320I-2.0 (A)	
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	5090793806-03	
Cover Note Number	10/05/2020-09/05/2021	
Driver		
Name of Driver	NG LIAN SOON	
NRIC No	S1740065G	
Date Of Birth	09/07/1966	
Occupation	INDOOR	
Date Of Driving Pass	27/07/1994	
Driving Experience	25 YEARS AND 10 MONTHS	

MALE

**NOEMAIL** 

(LOCAL) +65-85338891

(LOCAL) +65-85338891 OTHERS-85338891

Address 813 TAMPINES STREET 81

#08-536

Postcode 520813

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 CHAIN COLLISION

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

NO

NO

3

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

ON THE STATED DATE AND TIME, I WAS TRAVELLING ALONG AT THE EXTREME RIGHT LANE OF BEDOK RESERVOIR ROAD TOWARDS TAMPINES DIRECTION. AS THE VEHICLE IN FRONT OF ME HAD SLOW DOWN THEREFORE I FOLLOW THE SUIT TO SLOW DOWN MY VEHICLE AS WELL, SUDDENLY I FELT AN IMPACT AT MY REAR. I THEN GET OUT FROM MY VEHICLE AND REALISED THAT VEHICLE B (SHC8138Z) HAD COLLIDED INTO THE REAR OF MY VEHICLE, AND VEHICLE C (SJS9709L) HAD ALSO COLLIDED INTO THE REAR OF VEHICLE B. THERE WERE NO INJURIES.

## 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 SHC8138Z

Vehicle Make/Model/Colour VEHICLE B

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver STEPHEN YONG CHOON SENG

NRIC/Passport Number S1465389I

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

## No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJS9709L

Vehicle Make/Model/Colour VEHICLE C

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

## IMPORTANT NOTICE

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  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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

ON DAN

Name:

NRIC/FIN No.:

ETCH PLAN		Vehicle A: Squaible vehicle B: SHC 81382 vehicle c: 8JS 9709 L
	Redok Reservoir Road for	wards IAMPITAS DIHORDA
ESCRIBE CIRCUMSTANCES OF THE A	Lancacca and Francisco Lancacca and Control Co	
pefer to GIA Peput		
that you wish to claim a claim), there is a Fo whereby the claim m	y workshop that in the event gainst your own policy (OD ourteen (14) days clause ust be made within the	Reporting Only Claim OD Claim TP
stipulated time-frame from	m the day of occurrence.	Claim OD/TP at other workshop
CLARATION  Te declare the foregoing particulars are tri	ue in every respect.	HOCK AND

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.:













