#### 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 <u>truthful and 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/07/2020 11:57
Date Of Accident	02/07/2020 13:25
Exact Location Of Accident	995 BUKIT TIMAH RD (CASA ESPARANZA CONDOMINIUM)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ7385L
Insured/Policyholder	
Name Of Registered Owner	ONG KHENG MOH
NRIC No	SXXXX569D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96619944
Alternative Phone No	OTHERS-91792004
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A180
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	5092594392-02
Cover Note Number	
Driver	
Name of Driver	ONG PIN TING

Name of Driver ONG PIN TING
NRIC No SXXXX097Z
Date Of Birth 04/04/1992
Occupation OUTDOOR
Date Of Driving Pass 20/07/2011

Driving Experience 8 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96619944

Fax Number

Contact Number OTHERS-91792004

EMail Address NOEMAIL

92 YUNNAN CRESCENT Address

Postcode 638307

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

2

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)

**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?

NO

NO

#### **Circumstances of Accident**

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SMD5950A Vehicle Registration Number Vehicle Make/Model/Colour KIA CERATO

**Details Of Properties** 

Vehicle Category PRIVATE CAR WEE WEI MING Name of Driver SXXXX605B NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
  facts may allow insurance companies to repudiate policy liability.
- 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:
  - 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 coasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Times

Differ's Signature

(if driver a not the policyholder)

Date & Time:

MES LI WATTAK

#### Sketch Plan #2

SKETCH PLAN	995 BUKN TIMAH ROAD (GARA ESPARANIZA CONDOM
vehicle 1	A SLQ 73852 TN TTT out
vehicle 1	B SMD 5950A B
	Â
DESCRIBE CIRCUMST	ANCES OF THE ACCIDENT
AT The ment	in Date & time of accident or 107/2020 about 13:15pm
my while w	es stationary stopped outside - casa Esporanza
Condominum	Entrance and vaiting to so in , which B
" CMP SAS	o H" Intrust of me Suddenly reverse and Stop after
athle and	revese again and collided onto my fort our portion
with impact	quite heavy. I have car comes of vilos footage
recorded.	
The state of the s	
DECLARATION	
(Ave declare the foregoing)	ng particulars are tion in every respect.
Policyholder's Signature Date & Time:	Driver's Signature (it driver is not the policyholdes)  Date & Time:  National Signature  National Signatu





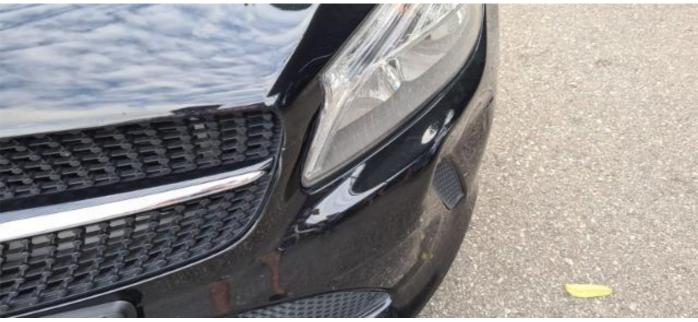


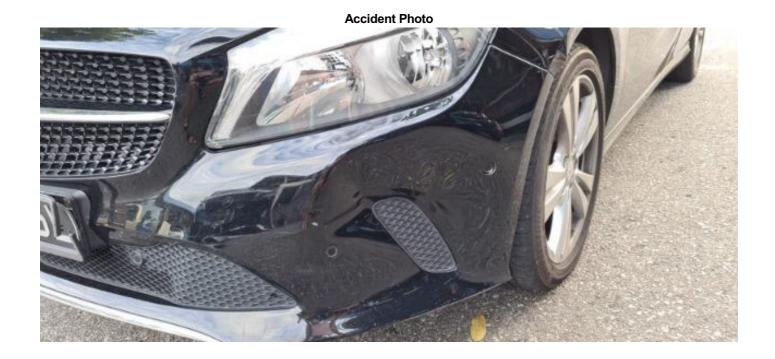




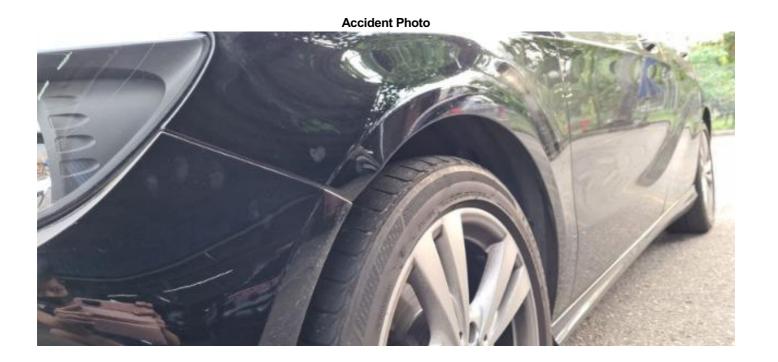
















#### **Addendum Sheet**

GENERAL INSURANCE GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

G Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 506850200 / GST Reg. No.: M400017735

RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No Vehicle Registration No: NRIC/FIN/Passport No (\*Vehicl Vehicle Owner) (\*) Please delete as appropriate Address Singapore( Contact (Tel) Mobile No. Email Address Date of Accident Time of Accident : Place of Accident Medayaun Insurance Company: (B) ADDITIONALINFORMATION / AMIENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: NUO Policyholder / Driver's Signature Reportin Date: Signature NMC/FINNO.: U