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.			
	ACCIDENT STATEMENT		
Date Of Report	07/08/2020 10:07		
Date Of Accident	06/08/2020 14:15		
Exact Location Of Accident	T/JUNCTION OF UPPER THOMSON RD & MARYMOUNT LANE		
Country/State of Loss	SINGAPORE		
D	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKR8659Y		
Insured/Policyholder			
Name Of Registered Owner	GOH TECK WHEE (WU DEHUI)		
NRIC No	SXXXX198H		
Email Address	TECKWHEE@HOTMAIL.COM		
Mobile Phone No	(LOCAL) +65-98382745		
Alternative Phone No	OTHERS-90066815		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	ESTIMA AERAS-2.4 PREMIUM (A)		
Exact Purpose for which vehicle was being used at time of accident	PTE 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	5116013047 DC		
Cover Note Number	13/03/2020 - 12/03/2021		
Driver			
Name of Driver	GOH WEN XU		
NRIC No	SXXXX311J		
Date Of Birth	30/03/1999		
Occupation	INDOOR		
Date Of Driving Pass	09/04/2018		
Driving Experience	2 YEARS AND 3 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-90272948		
Fax Number			
O and and Normala and			

GOHWENXU@GMAIL.COM

Address 71 FLORISSA PARK

Postcode 789654

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

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)

1

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

TRAFFIC LIGHT TURN AMBER. I SLOW DOWN AND STOP BEFORE THE TRAFFIC JUNCTION. MOTOR TAXI SHD3473H CAME FROM BEHIND AND HIT ONTO THE BACK OF MY VEHICLE. NO ONE

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: EMAIL TO INSURANCE COMPANY

Was there any audio recorded?

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SKR 8659 Y INSURER : N/U C DATE & TIME: 06/08/2020 (N 14)

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- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copier 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:
 - (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")
- 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

07/08/2020

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

vame: UVVIM (AV

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Sketch Plan #2

	SKETCH PLAN					
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		Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.				
	DECLARATION	prenensive policy. Plea	se check with your policy for	or more information.		
	I/We declare the foregoing particu	ulars are true in every respe	ct.	1		
		~ 1		AA		
		WX	07/08/2020	2		
	Policyholder's Signature	Driver's Signature				
	Date & Time:	(If driver is not the po	icyholder) Nam	orting Centre Personnel's Signature ne: AMK C/FIN No.:		