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	17/08/2020 14:03
Date Of Accident	16/08/2020 10:00
Exact Location Of Accident	TAMPINES AVE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH276Z
Insured/Policyholder	
Name Of Registered Owner	ONG CHENG GUAN
NRIC No	SXXXX218E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96637987
Alternative Phone No	OFFICE-96637987
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5075070044-04
Cover Note Number	
Driver	

Name of Driver ONG CHENG GUAN

NRIC No SXXXX218E

Date Of Birth 28/08/1957

Occupation INDOOR

Date Of Driving Pass 23/03/1979

Driving Experience 41 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96637987

Fax Number

Contact Number OFFICE-96637987

EMail Address NOEMAIL

BLK 116 SIMEI STREET 1 Address

#06-572

Postcode 520116

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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 STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKW3238K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver RAHMAT BIN ANANG

SXXXX118H NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 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)

Lunderstand, 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 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 Signatur Name: NRIC/FIN No.

Accident Sketch Plan

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CLARATION		
CLARATION Ve declare the foresoins particulars are	true in every respect.	
Eldikorg		
Expholder's Signature		

Accident Sketch Plan

Accident Report between car SKH276Z and SKW3238K

Dated: 16 August 2020

CAR NO DRIVER

: SKH276Z

: ONG CHENG GUAN

IC NO

: S1252218E

: BLK 116, #06-572, SIMEI ST. 1 ADDRESS

: SINGAPORE 520116

SKW3238K

RAHMAT BIN ANANG

S1180118H

BLK 828, #02-528, YISHUN ST.81

SINGAPORE 760828

I, Ong Cheng Guan the driver for Car SKH276Z on Sunday, 16 August 2020, at about 10am along Tampines Ave. 2 Traffic Junction near Tampines East Community Club. It was at the Traffic junction when the Red light turns Green. My car SKH276Z was travelling straight at 30kmh on a clear day in the middle lane (2nd Lane) and the driver, Mr. Rahmat Bin Anang of Car SKW3238K was stationary in the 1st lane Q line for cars turning right. Suddenly Car SKW3238K Swerve Left out of the Q line and hit on the right side of my car SKH276Z passenger door damaged while I was travelling straight in lane 2. And car SKW3238K had a slight scratch dent on the left side near the front headlights.

























