

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 as aforesaid.

ACCIDENT STATEMENT

Date Of Report 19/08/2020 10:59
Date Of Accident 18/08/2020 15:25
Exact Location Of Accident 21 TEBAN GARDEN
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA8547C
Insured/Policyholder
Name Of Registered Owner TAN PUAY SEE ALICE
NRIC No SXXXX850G
Email Address PUAYSEE@GMAIL.COM
Mobile Phone No (LOCAL) +65-81887575
Alternative Phone No OFFICE-NOPHONE

Vehicle Particulars

Manufacturer HONDA
Model SHUTTLE 1.5G CVT

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY
PRIVATE CAR

Vehicle Category

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5110028151-01
Cover Note Number

Driver

Name of Driver TAN PUAY SEE ALICE
NRIC No SXXXX850G
Date Of Birth 26/03/1975
Occupation INDOOR
Date Of Driving Pass 29/12/1997
Driving Experience 22 YEARS AND 7 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-81887575
Fax Number
Contact Number OFFICE-NOPHONE
Email Address PUAYSEE@GMAIL.COM

Address BLK 537 HOUGANG STREET #15-92
Postcode 530537
Was driver an employee of the Insured's Company NO
If so, 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 - 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?
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) 0

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 SKETCH PLAN.

Attachment(s)

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

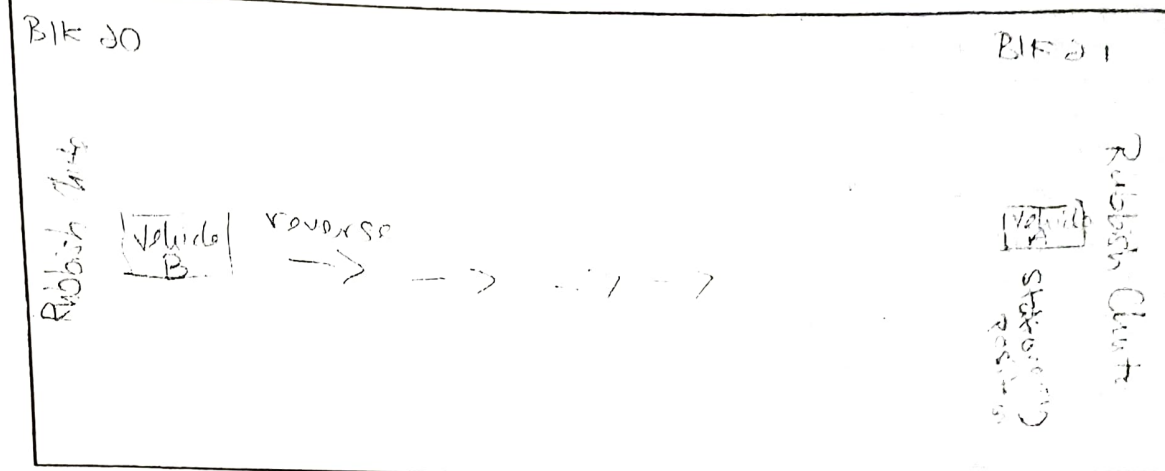
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP5227A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver S. KOR BIN AHMAD
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

Date of accident: 15/08/2020 Time: 3:27 pm Location: 01 Teban Gardens
 Veh A: SMA 8547C Veh B: YP 5227A No of pax: 0 Weather: Clear/dry Rain/Wet

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was park stationary when suddenly Vehicle B reverse without checking and hit into my Vehicle Rear.

☐ Claim OD/TP at Falcon-Air ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : 81887575

Email address : praysen@gmail.com

& myself : praysen@gmail.com

Note : Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true and correct.

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.:



Sketch Plan Pg. 2

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 legal 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
Name:
NRIC/FIN No.: