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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	24/08/2020 10:11
Date Of Accident	21/08/2020 18:05
Exact Location Of Accident	BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU7854C
Insured/Policyholder	
Name Of Registered Owner	GOH AI GEK (WU AIYU)
NRIC No	SXXXX417I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90172656
Alternative Phone No	OTHERS-90172656
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO
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	REPORTING ONLY
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	5115170623
Cover Note Number	
Driver	
Name of Driver	KWEK HIAN BENG(GUO XIANMING)

Name of Driver KWEK HIAN BENG(GUO XIANMING)

NRIC No SXXXX157A

Date Of Birth 07/08/1973

Occupation INDOOR

Date Of Driving Pass 03/12/2007

Driving Experience 12 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97884257

Fax Number

Contact Number

EMail Address CHARLESKWEK@YAHOO.COM

75B BEDOK RESERVOIR ROAD Address

#06-21

Postcode 479259

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

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

NO

YES

Was any other material or property damaged?

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

I WAS DRIVING OUT FROM MY RESIDENCE AT WATERFRONT GOLD. I WAS WAITING TO TURN RIGHT TO THE OPPOSITE SIDE OF THE ROAD.THERE WAS A CAR SKP7118J INFRT OF ME TURNING RIGHT AS ME.AFT THE CAR INFRT DROVE OFF TO TURN RIGHT, I WAITED AT THE SIDE ROAD LOOKING FOR CLEARANCE OF TRAFFIC AT THE NEAR AND FAR SIDE OF THE ROAD.ONCE I NOTICED THAT THE NEAR SIDE & FAR SIDE OF THE ROAD IS CLEAR I DROVE OFF TO MY RIGHT. WHEN I REACHED THE CENTRE OF THE ROAD THE CAR PREVIOUSLY INFRT OF ME SKP7118J WAS STILL TURNING RIGHT SLOWLY. I STEPPED ON THE BRAKE BUT I STILL KNOCK ON THE CAR INFRT THOUGH NOT VERY HARD.I WAS SURE THE CAR INFRT SKP7118J WAS NOT DRIVING OFF AND TAKING HIS TIME.PERHAPS NOT FOCUS ON DRIVING WHILE WAITING.

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 SKP7118J Vehicle Make/Model/Colour **MERCEDES**

Details Of Properties

Vehicle Category PRIVATE CAR NG PENG KHIAN Name of Driver

NRIC/Passport Number

Contact Number 98566583

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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:
 - (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:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Individual Statement

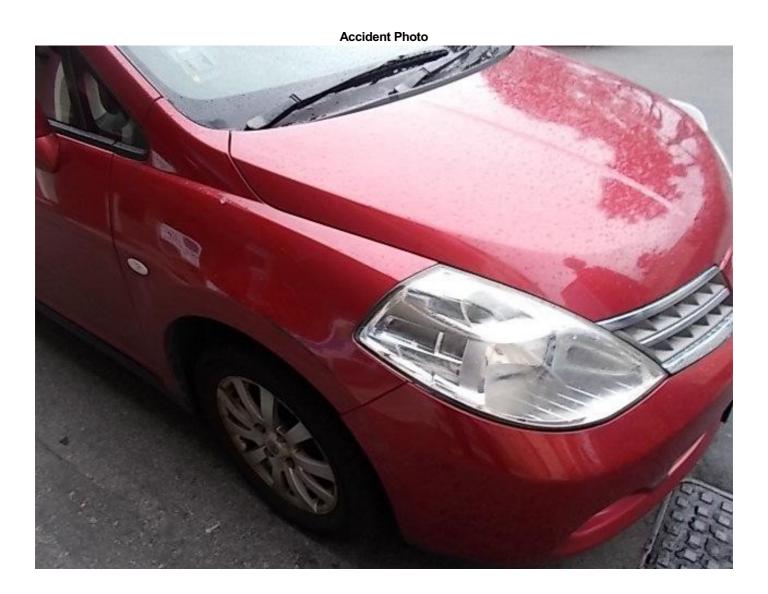
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ECLARATION		
We declare the foregoing particulars are	e true in every respect.	
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licyholder's Signature D	Driver's Signature	Reporting Centre Personnel's Signature

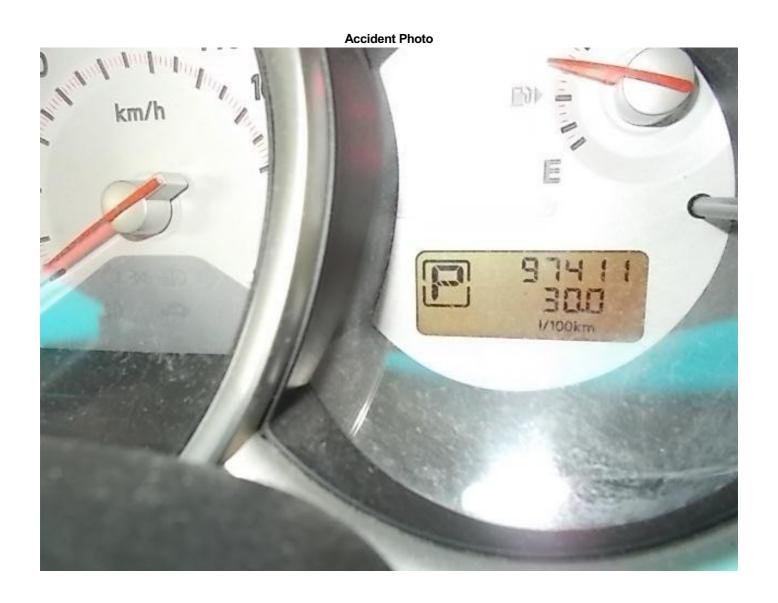












Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

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

		ADDI	ENDUM				
(A)	PARTICULARS OF PE	ERSON MAKING THE AMENDA	MENTS:				
	Original Report No	: MNA120071931	Vehicle Registration No	o:_SJU7854C			
			XIANMING)FIN/Passport No				
	(*Vehicle Driver/Ve	ehicle Owner) (*) Please delete as appropriate					
	Address	75B BEDOK RESERVOIR ROAD #06-21 Singapore(479					
	Contact (Tel)	ŧ	Mobile No. :9788				
	Email Address	<u> </u>					
	Date of Accident	: 21/08/2020	Time of Accident : 18	:05			
	Place of Accident	BEDOK RESERVOIR RD)				
	Insurance Company	, NTUC					
	-						
)						
	-						
	-						
	-						
			slyn 24/08	3/2020			
	Policyholder / Driver Date:	's Signature	Reporting Centre Pe Name: NRIC/FIN No.:	rsonnel's Signature			