

MCHM20078943 / Cheng Hoe Motor Pte Ltd - Yishun
 ENTRY DATE & TIME: 12/09/2020 09:59
 SUBMITTED BY: [To Be Confirmed]

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 aforesaid.

ACCIDENT STATEMENT

Date Of Report 12/09/2020 09:59
 Date Of Accident 12/09/2020 01:10
 Exact Location Of Accident JUNCTION OF JURONG WEST ST.62 & JURONG WEST ST.65
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV2410D
Insured/Policyholder
 Name Of Registered Owner AZIZ BIN ISHAK
 NRIC No SXXXX804E
 Email Address AZIZISHAK1960@GMAIL.COM
 Mobile Phone No (LOCAL) +65-93202154
 Alternative Phone No Others-93202154

Vehicle Particulars

Manufacturer HONDA
 Model VEZEL HYBRID 1.5X SENSING A
 Exact Purpose for which vehicle was being used at time of accident PTE HIRE 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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5096904063-02
 Cover Note Number 26/12/19 - 25/12/20

Driver

Name of Driver AZIZ BIN ISHAK
 NRIC No SXXXX804E
 Date Of Birth 19/05/1960
 Occupation OUTDOOR
 Date Of Driving Pass 25/05/1991
 Driving Experience 29 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-93202154
 Fax Number

Contact Number	OTHERS-93202154
EMail Address	AZIZISHAK1960@GMAIL.COM
Address	BLK 768 YISHUN AVE 3 #03-317
Postcode	760768
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

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	AFTER RAIN
Road Surface	WET

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)	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 after I at mid junction. Car B approaching from opposite direction making fast right turn. I tried to swerve right to avoid but to no avail. Both vehicles collided as a result. However there was no injury for both parties involved at the point of time.

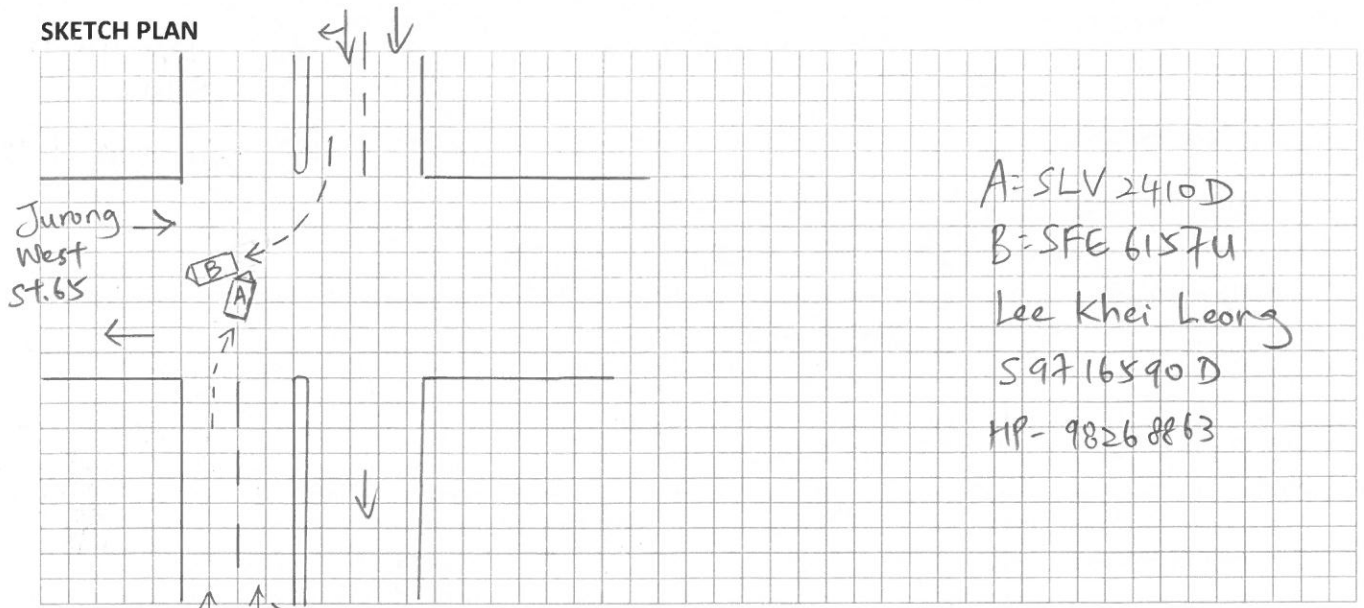
Attachment(s)

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	SFE6157U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KHEI LEONG
NRIC/Passport Number	SXXXX590D
Contact Number	98268863
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Jurong West St. 62

Traffic light turn amber after I at mid junction.

Car B approaching from opposite direction making fast right turn. I tried to swerve right to avoid but to no avail. Both vehicles collided as a result. However there was no injury for both parties involved at the point of time.

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

I/We declare the foregoing particulars are true in every respect.

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.: _____

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only () Claim OD/TP at other workshop ()

MT/1103227-001

SKETCH PLAN

1. VEHICLE NO.: SLV2410D
 2. INSURER CO: NTUC
 3. ACCIDENT
 DATE & TIME: 12/9/20 @ 01:10am

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7. 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)**

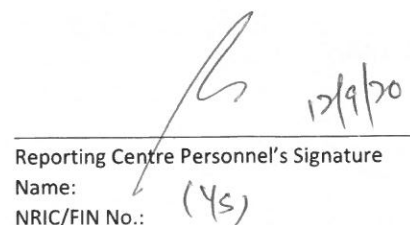
I understand, acknowledge, agree and consent that:

- (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 :
 - (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 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: (Ys)
 NRIC/FIN No.: