

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 03/11/2020 15:34
Date Of Accident 02/11/2020 19:35
Exact Location Of Accident ALONG JLN EUNOS BEFORE BEDOK RESERVOIR RD JUNCT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGH963X
Insured/Policyholder
Name Of Registered Owner TAN ZHANFON, BENNY (CHEN ZHANGFENG, BENNY)
NRIC No S7928688E
Email Address TOYO_AE86@YAHOO.COM.SG
Mobile Phone No (LOCAL) +65-88927663
Alternative Phone No OTHERS-88927663

Vehicle Particulars

Manufacturer MITSUBISHI
Model LANCER
Exact Purpose for which vehicle was being used at time of accident GOING TO WORK

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 THIRD PARTY
Fleet Policy NO
Policy Number 5119058888
Cover Note Number 14/09/2020 - 29/05/2021

Driver

Name of Driver TAN ZHANFON, BENNY (CHEN ZHANGFENG, BENNY)
NRIC No S7928688E
Date Of Birth 14/09/1979
Occupation INDOOR
Date Of Driving Pass 24/07/2008
Driving Experience 12 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-88927663
Fax Number
Contact Number OTHERS-88927663
Email Address TOYO_AE86@YAHOO.COM.SG

Address BLK 34 #09-89
Postcode WHAMPOA WEST
330034
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 - HEAD TO REAR
Weather Conditions CLEAR
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? 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

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 SMF2364B
Vehicle Make/Model/Colour KIA CERATO WHITE
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NEO CHEE GIAP
NRIC/Passport Number S1719424J
Contact Number 82281562
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report No. MIT

DOA 02/11/2020
Time 19:35 hrs

Report Date & Start Time 03/11/2020 15:48

Vehicle No. SG11963X Reporting Type

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 requirements under any regulations, laws or court orders

03/11/20 15:48

Policyholder's Signature / Date & Time

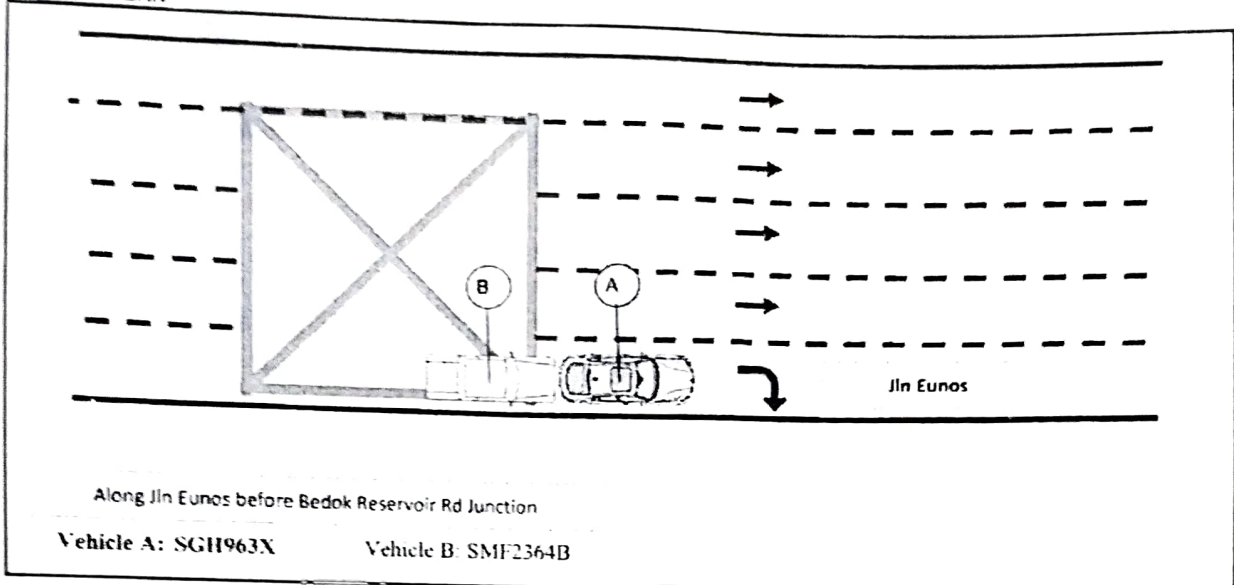
03/11/20 15:48

Driver's Signature (if driver is not the policyholder) / Date & Time

THOMAS CHEN (S048890)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

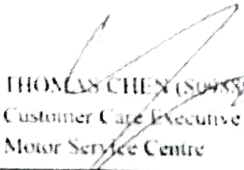
My car was stationary for approximately 2 seconds as the traffic light ahead was red. Suddenly, Vehicle B collided onto the rear of my car.

Declaration

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


 03/11/20 15:48
 Policyholder's Signature / Date & Time

03/11/20 15:48
 Driver's Signature (If driver is not the policyholder) / Date & Time


 THOMAS CHEN (S0085500)
 Customer Care Executive
 Motor Service Centre
 Witnessed by Reporting Centre Personnel