

## 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	24/11/2020 10:42
Date Of Accident	23/11/2020 15:45
Exact Location Of Accident	MCE TWDS AYE BEFORE SHENTON WAY/ MAXWELL RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP9098G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JUN CHOON YOUNG
NRIC No	S2588362D
Email Address	JUNEJEON@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90661737
Alternative Phone No	OTHERS-98002849

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	5036279414-11
Cover Note Number	16/04/2020 - 15/04/2021

### Driver

Name of Driver	GRACE HOW MEI HUI
NRIC No	S9120911Z
Date Of Birth	19/06/1991
Occupation	INDOOR
Date Of Driving Pass	11/10/2010
Driving Experience	10 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98002849
Fax Number	
Contact Number	
EMail Address	GRACEHOW.MH@GMAIL.COM

Address	129 PASIR RIS GROVE #02-07
Postcode	518179
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	RAINING
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)	2
Passenger 1	NAME: : JUN CHOON YOUNG GENDER: : FEMALE

#### 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?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4000T
Vehicle Make/Model/Colour	MITSUBISHI CANTER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SARUGUNAN S/O P K ARITAN
NRIC/Passport Number	S7432696Z
Contact Number	87504947
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger(Including Driver)

1

## Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 24/11/2020 / 11:14

Report No: MT \_\_\_\_\_

D.O.A: 23/11/2020

Vehicle No: SJP9098G

Reporting Type: \_\_\_\_\_

Time: 15:45 hrs

### SKETCH PLAN

#### 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. 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.
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.

24/11/20 / 11:14

Policyholder's Signature / Date & Time



24/11/20 / 11:14

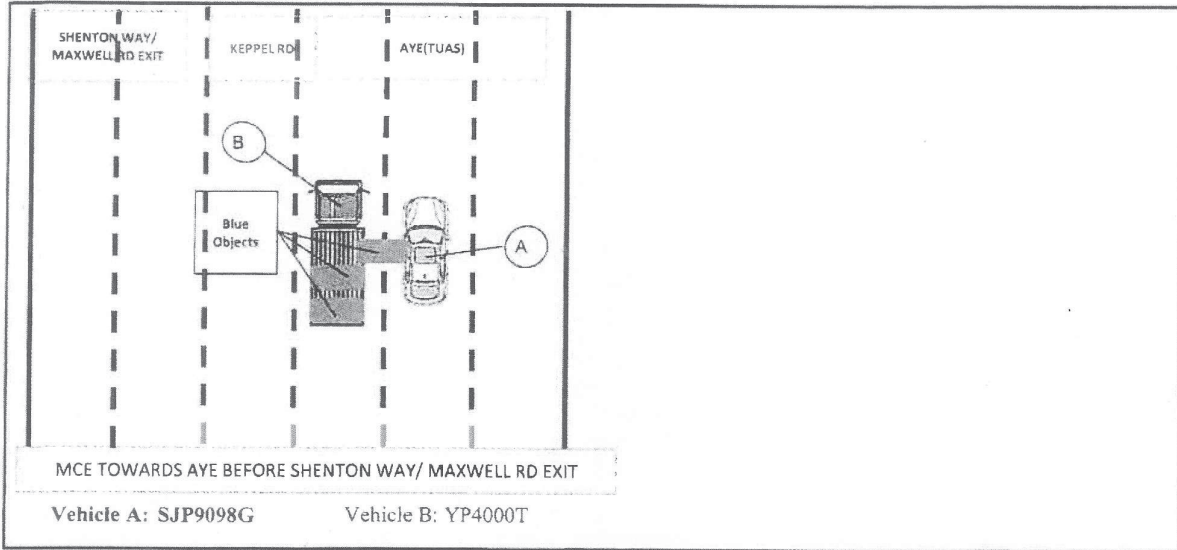
Driver's Signature (If driver is not the policyholder) / Date & Time

THOMAS CHEN (S098890)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel



**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

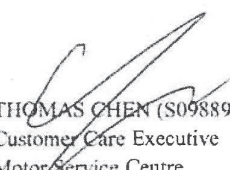
I was driving on Lane 2 and suddenly, a blue object hit onto the left side of my car. Thus, I stopped my car and I saw Vehicle B stopped on Lane 3. I began to drive to Lane 3 and stopped in front of Vehicle B to avoid obstruction to traffic. When I stopped my car in front of Vehicle B, an EMAS personnel came over to my car, informing me that he will guide us to stop at the road shoulder to avoid obstruction to traffic. So, Vehicle B and I drove to the road shoulder with the help of EMAS. Vehicle B's driver informed me that a blue object flew off his lorry as the wind was strong. We then proceeded to take photos and exchanged particulars.

**Declaration**

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

24/11/20 / 11:14  
Policyholder's Signature / Date & Time

  
24/11/20 / 11:14  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
THOMAS CHEN (S098890)  
Customer Care Executive  
Motor Service Centre  
Witnessed by Reporting Centre Personnel