

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 Submission	08/12/2020 12:41 (SGT)
Date of Accident	07/12/2020 13:25 (SGT)
Exact Location of Accident	Ubi Rd 3, Singapore
Additional Location Information	UBI ROAD 3 TOWARDS UBI AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7394E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH SIEW CHOON
NRIC No	SXXXX815I
Email Address	andrew.goh78@hotmail.com
Mobile Phone No	(Phone) +65-97632471
Alternative Phone No	+65-97632471

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5099397140-02
Cover Note Number	-

DRIVER

Name of Driver	GOH SEOW LOONG
NRIC No	SXXXX290D
Date Of Birth	10/02/1973
Occupation	Outdoor

Date Of Driving Pass	08/06/1996
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91079890
Alt. Phone Number	-
Email Address	garyslgoh@gmail.com
Address	BLK 748B BEDOK RESERVOIR CRESCENT #07-53
Address complement	-
Postcode	472748
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING STRAIGHT ALONG UBI ROAD 3 TOWARDS UBI AVE 2 AT THE EXTREME RIGHT LANE OF 2 LANES. SUDDENLY, I FELT AN IMPACT. VEHICLE B EXIT FROM THE COMFORT DELGRO ENGINEERING WITHOUT CHECKING THE MAIN ROAD TRAFFIC AND COLLIDED ONTO THE LH PORTION OF MY VEHICLE AND CAUSED DAMAGES. INITIALLY, VEHICLE B WISH TO COMPENSATE ME. HOWEVER, WE CANNOT COME INTO AN AGREEMENT WITH THE REPAIR COST. THEREFORE, WE DECIDED TO PROCEED WITH INSURANCE CLAIMS.

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	SHA3354J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

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 complete 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.

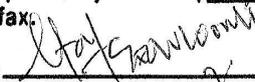

 Policyholder's Signature
 Date & Time:


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

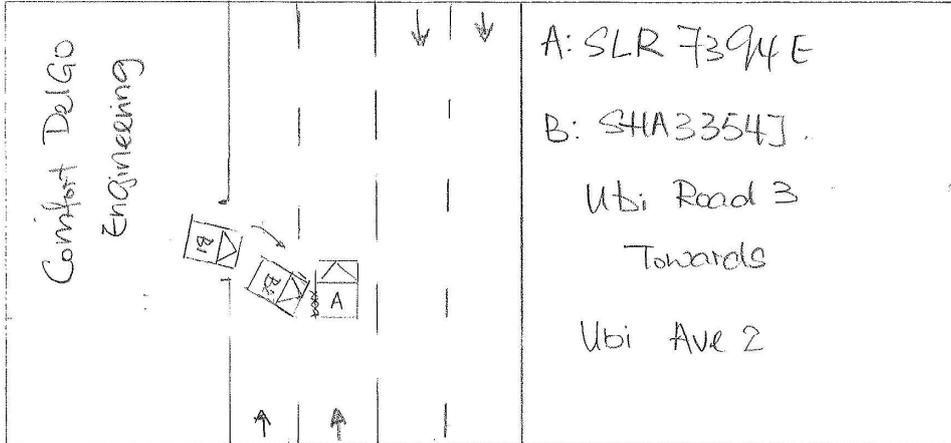
Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

GIA88's SketchPlanForm_v3

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop Neos Hock Teck Motor Pte Ltd via email / fax.

Signature: 

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along the Ubi Road 3 towards Ubi Ave 2 at the extreme right lane of 2 lanes

Suddenly, I felt an impact.

Veh "B" exit from the Comfort Delgo Engineering without checking the main road traffic and collided onto my LH portion of my vehicle and caused damages.

Initially, veh "B" wish to compensate me however we cannot come into agreement with the repair costs, therefore we decide to proceed with insurance claims.

Handwritten signature: Ho Jow Loo

DECLARATION

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

Handwritten signature: Goh

Policyholder's Signature
Date & Time:

Handwritten signature: Ho Jow Loo

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: