

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	15/03/2021 17:12 (SGT)
Date of Accident	14/03/2021 13:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DUNEARN ROAD(BESIDE RAFFLES TOWN CLUB)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9764M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH TIEN HUAT
NRIC No	SXXXX261J
Email Address	jennyk766@gmail.com
Mobile Phone No	(Phone) +65-97260321
Alternative Phone No	+65-97260321

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	HYUNDAI / ELANTRA AD 1.6 GLS AT
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 hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119985997
Cover Note Number	-

DRIVER

Name of Driver	GOH TIEN HUAT
NRIC No	SXXXX261J

Date Of Birth	03/03/1977
Occupation	Outdoor
Date Of Driving Pass	27/02/2001
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97260321
Alt. Phone Number	+65-97260321
Email Address	jennyk766@gmail.com
Address	BLK 701 WEST COAST ROAD #10-321
Address complement	-
Postcode	120701
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	GRAB PASSENGER
Gender	Female

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

REFER ATTACHED;

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	SLE1941J
Vehicle Manufacturer	Honda
Vehicle Model	SLE1941J
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH TIEN HUAT
Address	BLK 701 WEST COAST ROAD #10 321
Address Complement	-
Post Code	120701
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLQ9764M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg

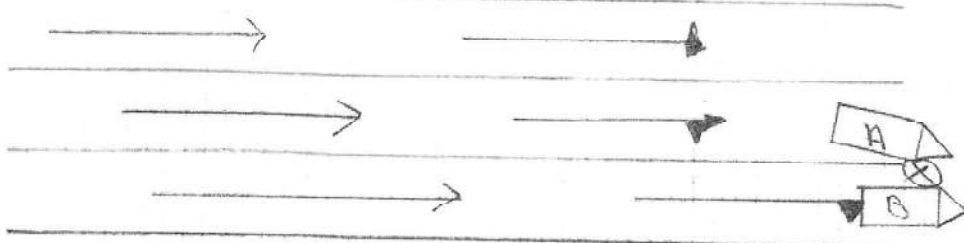
[Signature] 15/03/21
 1540
 Policyholder's Signature / Date & Time

[Signature] 15/03/21
 1540
 Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

DUNDEAN ROAD (BESIDE RAFFLES TOWN KIN8) 15 MAR 2021





Describe Circumstances of the Accident

On 14/03/2021 at about 1355 hrs, while travelling along Dunearn Road (beside Raffles Town Club), I was turning right towards Stevens Road. Vehicle A suddenly cut into my lane and hit on my front right wheel arch. I wish to state that the lane Vehicle A is travelling, only for turning right (no going straight).

Declaration

We declare the foregoing particulars are true in every respect.

 15/03/21
1340
Policyholder's Signature / Date & Time

 15/03/21
1340
Driver's Signature (if driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 6741 6697 Fax: 6749 2305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel
15 MAR 2021