SN0721900010 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 24/09/2021 19:02 (SGT) SUBMITTED BY: Tien Toh Kiat Henry VERSION: 1 (24/09/2021 19:02 (SGT))



# **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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

24/09/2021 19:02 (SGT) 24/09/2021 13:29 (SGT) Singapore ALONG ULU PANDAN ROAD Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLU9466C

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

No YEO CHONG JIN BENJAMIN S1612626H ben\_jiale@yahoo.com (Phone) +65-81136905 +65-81136905

### VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

Variant Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

**TUCSON TURBO** 

Private use

Hyundai

No - Claiming third party Private car

Auto 1600

## INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

NTUC Income Insurance Co-operative Ltd Comprehensive

No

5097372663-03

DRIVER

CC

Name of Driver NRIC No

YEO JIA LE AARON S9326965I



Accident report SN07219O0010

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Date Of Birth Occupation **Date Of Driving Pass** Driving experience Gender Mobile Number Alt. Phone Number **Email Address** 

Address Address complement

Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles? 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 - Head to Rear 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

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 LANE 2. I BRAKE DUE TO TRAFFIC. VEHICLE B COULDNT STOP IN TIME AND HIT ONTO MY REAR.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident

Adv to email to motorvideo@income.com.sg

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

29/07/1993

18/08/2015

6 YEARS AND 1 MONTH

(Phone) +65-81614788

AARON, YEO93@GMAIL.COM

BLK 18D HOLLAND DRIVE #37-429

Indoor

275018

No

No

Child

Vehicle Registration Number SJN8152A Vehicle Manufacturer Honda Vehicle Model Vehicle Variant White Vehicle Colour Private car Vehicle Category LI YUNXIU Name of Driver (Phone) +65-94316934 Contact Number

Address

Accident report SN07219O0010

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

#### SKETCH PLAN

# IMPORTANT NOTICE

- 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.
- 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)
  - (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: 24/09/2021

1900hrs

Reporting Centre Personnel's Signature

Name: Henry NRIC/FIN No.: S992277

KETCH PLAN		
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		ULU PANDANG ROAD
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
	REFER TO GEARS	
CLARATION		- K
	ticulars are true in every respect.	Many
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ite & Time:	(If driver is not the policyholder) Date & Time: 24/09/2021	Name: Henry NRIC/FIN No.: S992277

1430hrs