

ENCLOSURES

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	15/06/2021 17:03 (SGT)
Date of Accident	14/06/2021 12:15 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8974H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEET KIM LIAN KATHRYN
NRIC No	SXXXX938C
Email Address	NICOLE_2149@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90884639
Alternative Phone No	(Home) +65-90884639

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Accent
Variant	-
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 - Claiming third party
Vehicle Category	Private car
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	5109265764-02
Cover Note Number	-

DRIVER

Name of Driver	UNG SOOK KIM
NRIC No	SXXXX613J

Date Of Birth	08/09/1988
Occupation	Indoor
Date Of Driving Pass	30/12/2015
Driving experience	5 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90884639
Alt. Phone Number	-
Email Address	NICOLE_2149@YAHOO.COM.SG
Address	64 JALAN MULIA
Address complement	-
Postcode	368655
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

REFER TO 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	SLU5300Z
Vehicle Manufacturer	-
Vehicle Model	-
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 UNG SOOK KIM
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLZ8974H
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

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 police and for the Accident Report Form.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may affect your insurance policy and invalidate policy liability.
4. The issue and acceptance of this form by Insurers is computerised to ensure accuracy in policy liability and the issue of the Insurance Computer.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the Accident Report Form to the Insurance Association of Singapore (IAS) for archiving and for copies of this report and for access to be made available upon application by interested parties.
7. By the lodging of this report to the Insurers, you hereby consent to the archiving of this report to the Insurers and to copies of the report being made available as above.
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 be 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 processed by my Insurer (collectively the "Personal Information") or disclosure and transfer such Personal Information to all Insurers who have insured a vehicle/insured a vehicle or all Insurers who have insured a vehicle involved in this accident shall be collectively referred to as "Insurers", the Insurers of Singapore, the Monetary Authority of Singapore and any relevant government agency/department (such as the police, for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claim by lodging the said report of the accident and my consent, my investigations relating to the claim;
 - (ii) investigating the accident and/or complaint;
 - (iii) carrying out my/its dealing with my claim, or in responding to any my claim/claim;
 - (iv) administering my claim (including the handling of correspondence, documents, notices, requests or orders to me, which could involve disclosure of certain personal data about me to the relevant third party or the relevant cover of my/its claim and/or my/its claim);
 - (v) complying with the relevant laws, regulations, orders or directions of the relevant authorities (including the police, for the purpose(s) of:
 - (i) all Insurers who have insured a vehicle involved in this accident and the Insurers of Singapore/Insurers may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s);
 - (ii) my Personal Information may be disclosed by any of the Insurers, such as GIA to a third party (such as a police officer) or agent (including the Insurers/Insurers), which may be also for the use of the Insurers, for one or more of the above Purpose(s);
 - (iii) my Personal Information will also be collected and used to complete a claim/claim for the purpose of claim distribution, investigation and management in present and all future claims;
 - (iv) the information collected under (i) to (v) may be shared/disclosed:
 - (i) to all Insurers and/or any other third parties that require conducting investigations, controlling or managing funds, regulators, law enforcement and government agencies as may be required for the purpose stated, or
 - (ii) for complying with requirements under any regulations, laws or orders/orders;

Policyholder's Signature
Date & Time:

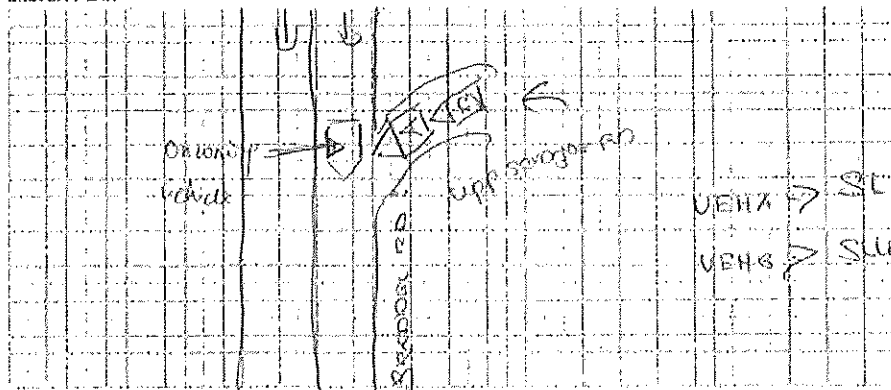
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Center/Insurer's Signature
Date & Time:

I hereby authorize Reporting Center and my accident report to email: SY0A216F0003@yahoo.com!

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

14/6/21 at about 12:15pm, I was travelling on upper bridge rd
 Slip rd entering into Braddeley rd. I stop to give way to on
 major rd vehicles. However vehicle 8 cut slip on time and
 hit the rear of my vehicle 1.

DECLARATION

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

[Signature]

Policyholder's Signature
 Date & Time:

[Signature]

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

[Signature]

Reporting Centre Personnel's Signature
 Name:
 NPIC/ID No.:

















