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.

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 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 24/12/2021 14:50 (SGT) Date of Accident 24/12/2021 10:20 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION AT LOWER DELTA ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD2511R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner JANICE TAN SU-YIN (JANICE CHEN SHUYIN)

NRIC No. SXXXX683H

Email Address janicetan0@gmail.com Mobile Phone No (Phone) +65-98303393

Alternative Phone No +65-98303393

VEHICLE PARTICULARS

Manufacturer Honda Model Shuttle Variant

Exact purpose for which vehicle was being used at time of

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 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5117570514-01

Cover Note Number

DRIVER

Name of Driver JANICE TAN SU-YIN (JANICE CHEN SHUYIN)

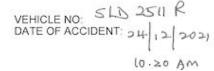
NRIC No. SXXXX683H Date Of Birth 01/03/1976 Occupation Indoor Date Of Driving Pass 29/09/1994 Driving experience 27 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-98303393 Alt. Phone Number +65-98303393 Email Address janicetan0@gmail.com Address 39 PASIR PANJANG HILL #04-+07 Address complement Postcode 118860 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 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 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? Yes **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vahiala Dagistration Number	OL D 4740A
Vehicle Registration Number	SLR4718A
Vehicle Manufacturer	Mazda
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	White
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	_
nsurance Company Name	_
lature Of Damage	_
Details of property damaged in accident	_
lo. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE



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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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.
- 8. Consent under the Personal Data Protection Act(PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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' law yers/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 w ith 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer photo in email

10.20 am

Describe Circumstances of the Accident VEHICLE NO: SLD 2511 R DATE OF ACCIDENT: 34 12/2021

	a at traffic ju a car burns		one Delta
Shortly after, that he run	I was approa	ded by a gui	y claiming] 3652 5331
The driver o was winson	of the car than Kwek Cheng	Mobile: 93	0 me 09548F 623966 118 A Nazda
REPORTING ONLY ()	OWN DAMAGE ()	THIRD PARTY	OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

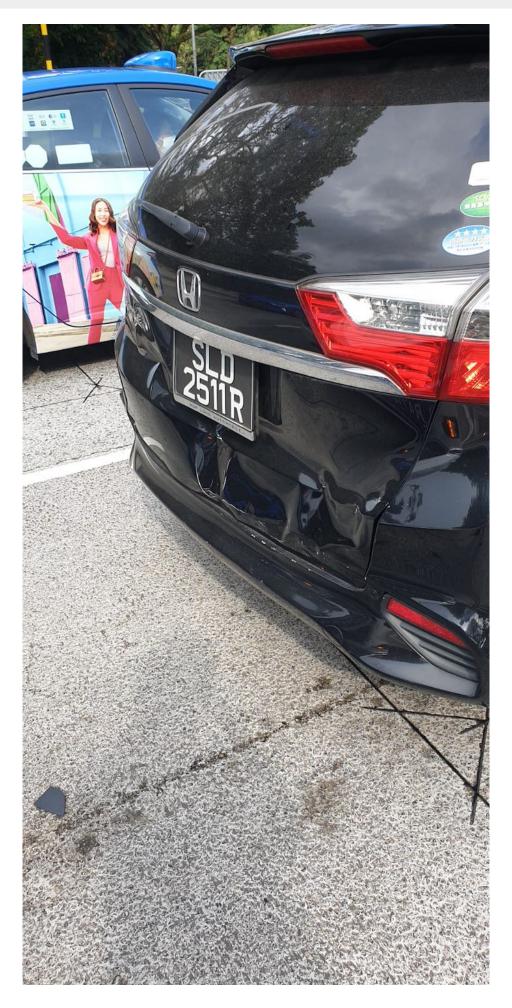
Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

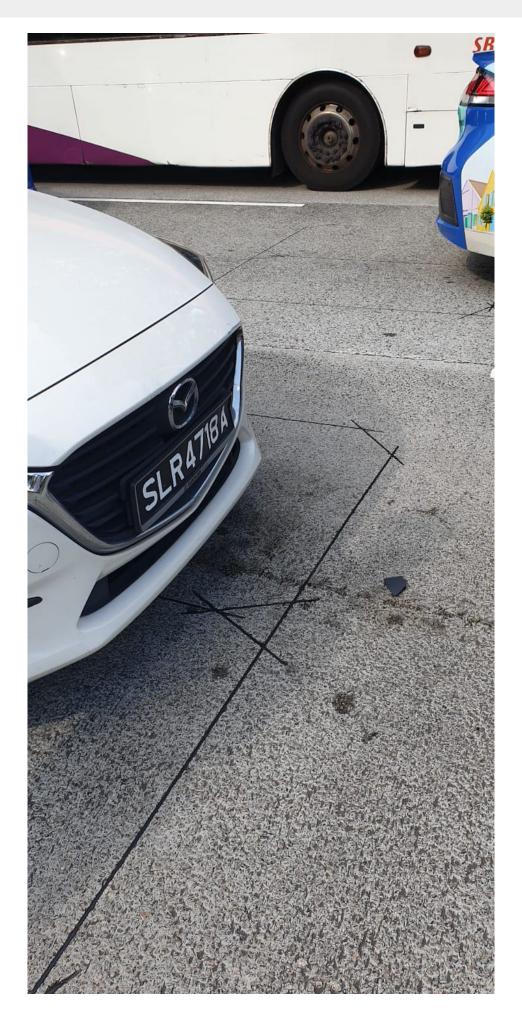






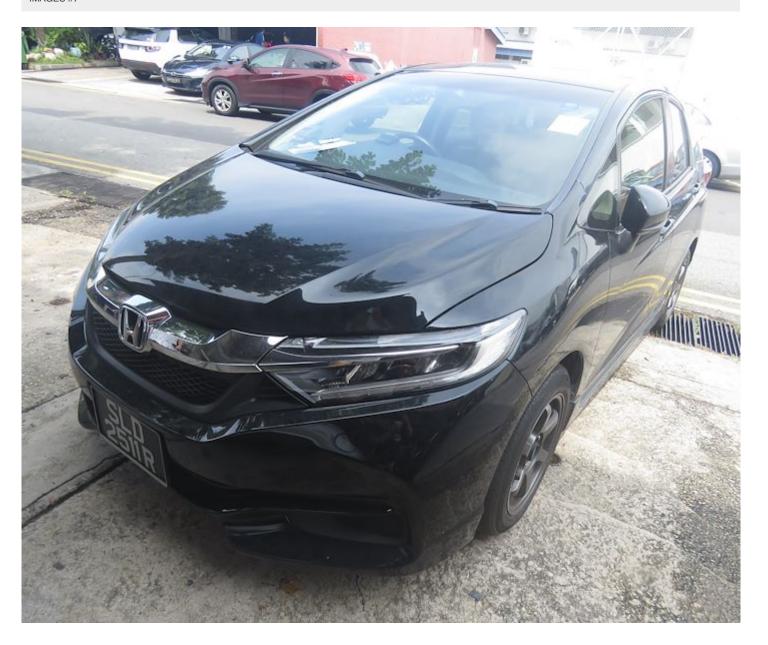


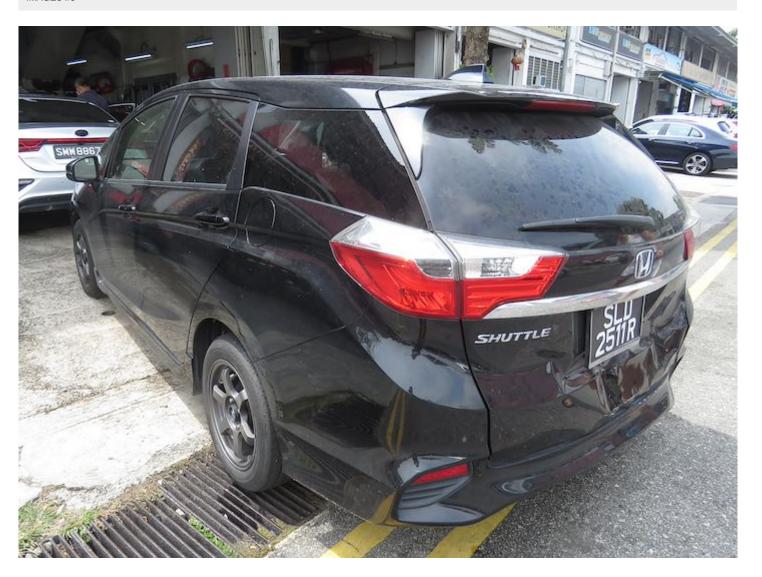






















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: SLD2511R Original Report No: SC1P21CO0001 __ Vehicle Registration No: _ Name (as shown in NRIC): JANICE TAN SU-YIN _NRIC/FIN/Passport No: SXXXX683H (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: 39 PASIR PANJANG HILL #04-07 Singapore (118860) Contact (Tel):__ _ Mobile No.: _ Email Address: janicetan@gmail.com Date of Accident: 24/12/2021 __ Time of Accident: _____10:20HRS Place of Accident: ___JUNCTION OF LOWER DELTA ROAD NTUC INCOME INSURANCE CO LTD Insurance Company: __ (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: AMEND THE BELOW: 1) ADDRESS AMEND TO ABOVE 2) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? - YES

Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: Date:

GIARMC Addendum Form