

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 13/01/2022 17:33 (SGT)
Date of Accident 12/01/2022 17:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information T JUNCTION OF GUL WAY & JALAN AHMAD IBRAHIM
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS6259B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHO CHEE KOEN
NRIC No SXXXX872G
Email Address ALFREDCHO@YAHOO.COM.SG
Mobile Phone No (Phone) +65-96285093
Alternative Phone No +65-96285093

VEHICLE PARTICULARS

Manufacturer Mazda
Model 5
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 1998

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120354033
Cover Note Number -

DRIVER

Name of Driver CHO CHEE KOEN
NRIC No SXXXX872G

Date Of Birth	06/05/1969
Occupation	Indoor
Date Of Driving Pass	09/07/1992
Driving experience	29 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96285093
Alt. Phone Number	+65-96285093
Email Address	ALFREDCHO@YAHOO.COM.SG
Address	BLK 686C CHOA CHU KANG CRESCENT
Address complement	#17-214
Postcode	683686
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 - Change/cross lane
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)	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 SKETCH PLAN

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

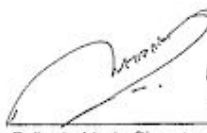
Vehicle Registration Number	XE4737X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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


SKETCH PLAN

IMPORTANT NOTICE

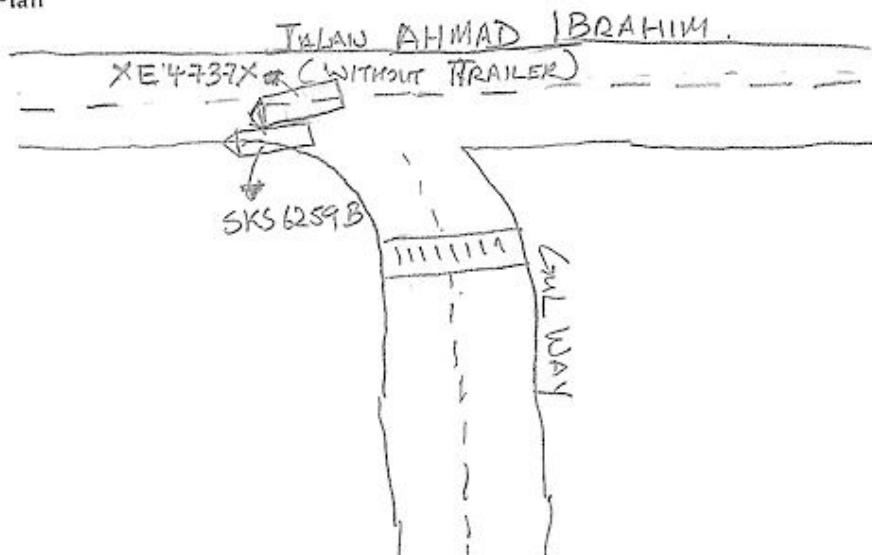
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.


13/01/2022
15:50
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

LICENSE PLATE: SKS 6259B	ACCIDENT DATE & TIME: 12/01/2022 17:20
CONTACT NUMBER: 9628 5093	E-MAIL ADDRESS: aiffelcho@yahoo.com.sg
LOCATION: T-JUNCTION AT GUL WAY & JALAN AHMAD IBRAHIM.	
<p>I WAS DRIVING ALONG GUL WAY TOWARD JALAN AHMAD IBRAHIM TO EXIT, ^{CWTHOUT TRAIL} I WAS DRIVING ON LEFT LANE AND XE 4737X WAS ON RIGHT LANE. WHEN ALMOST REACH THE T-JUNCTION OF JALAN AHMAD IBRAHIM & GUL WAY, XE 4737X KEEP TO HIS RIGHT-HAND SIDE AND BOTH PARTIES STOP AT EXIT WHEREBY I WAS ON LEFT-HAND SIDE. WHEN TRAFFIC IS CLEARED ON JALAN AHMAD IBRAHIM, XE 4737X DRIVE FORWARD TO RIGHT-HAND SIDE LANE ON JALAN AHMAD IBRAHIM, I MOVE DRIVE FORWARD TO THE LEFT-HAND LANE, ^{PUSHED} SUDDENLY SUDDENLY, MY CAR (SKS 6259B) WAS POSS BY XE 4737X AND HALF OF MY CAR WAS ON THE KERB THEN I NOTICED THAT XE 4737X DRIVE INTO LEFT-HAND LANE ^{AND} AND HIT MY CAR. MY CAR RIGHT SIDE BODY WAS HIT & DENTED. NO POLICE REPORT WAS MAKE DUE TO NO PERSON BOTH PARTIES NO INJURE. ALREADY EXCHANGED PARTICULARS (I/C & DRIVING LICENSE) WITH DRIVER OF XE 4737X. CALL NTUC-INCOME THEN WAIT FOR TOW TOW TRUCK.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

Declaration

We declare the foregoing particulars are true in every respect.


 13/01/2022
 15:50
 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel