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 17/01/2022 12:27 (SGT) Date of Accident 15/01/2022 13:30 (SGT) Exact Location of Accident Singapore Additional Location Information OPPOSITE 71 JALAN SINAR BINTANG Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ4147X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner GLENN LEE HONG GUAN NRIC No. S7614139H Email Address glennmeleon8@gmail.com Mobile Phone No (Phone) +65-97717515 Alternative Phone No +65-97717515

VEHICLE PARTICULARS

Manufacturer Piaggio Model **VESPA** Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Auto CC 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5113247523-02 Cover Note Number

DRIVER

Name of Driver GLENN LEE HONG GUAN NRIC No. S7614139H

Date Of Birth 08/05/1976 Occupation Indoor Date Of Driving Pass 12/04/2010 Driving experience 11 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97717515 Alt. Phone Number +65-97717515 Email Address glennmeleon8@gmail.com Address 71 JALAN SINAR BINTANG Address complement Postcode 507036 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 Hit and run / Vandalism / Damaged whilst parked 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? Nο 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? Nο 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? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number **GBE6592T** Vehicle Manufacturer Toyota Vehicle Model Dyna Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver KWEK SIANG KIM NRIC No S7662942J Contact Number (Phone) +65-96635335

Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

WITNESS DETAILS

WITNESS 1

Name SARAH NG
Phone (Phone) +65-91001699

Email

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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: 17/1/2 1210

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

Reporting Centre Personnel's Signature

Name: HANI NRIC/FIN No .: 577,70

TCH PLAN		
TALAN SILMA BILLIANG	B b A	A - F80414PX B - GRE6572T
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	<u> </u>
n 15/112022 at aroun	ed 1330hrs, my rehicle mas	parked opposite way house
when GREBIPII reverse	d behind my rehicle, bumped	I into my rehicle casusing
DECLARATION I/We declare the foregoing particul	ars are true in every respect.	4
Policyholder's Signature Date & Time: ロートリートン 12 20	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: HAZIV NRIC/FIN No.: \$19110











