# **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 19/03/2022 14:46 (SGT) Date of Accident 18/03/2022 11:30 (SGT) Exact Location of Accident Singapore Additional Location Information **BEDOK NORTH ROAD** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SGU6633R

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN BOON TAT NRIC No. S6844143I Email Address TTBT7787@GMAIL.COM Mobile Phone No (Phone) +65-96933183 Alternative Phone No +65-96933183

#### VEHICLE PARTICULARS

Manufacturer

Model Stream Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1800

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5112658086-01 Cover Note Number

# DRIVER

Name of Driver TAN BOON TAT NRIC No. S6844143I

Date Of Birth 27/10/1968 Occupation Outdoor Date Of Driving Pass 23/07/1990 Driving experience 31 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96933183 Alt. Phone Number +65-96933183 Email Address TTBT7787@GMAIL.COM Address 79 AIDA STREET Address complement Postcode 459984 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? 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 I WAS STATIONARY DUE TO THE TRAFFIC LIGHT. VEHICLE B HIT ONTO MY VEHICLE 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? No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA6913S Vehicle Manufacturer Nissan Vehicle Model Vehicle Variant Vehicle Colour Blue Vehicle Category Private car Name of Driver WANG PEIPEI SOPHIE NRIC No S8315442Z Contact Number (Phone) +65-91001724



Address Address complement	- -
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

# **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 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) of :
  - 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:
  - 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:

1430HRS 19/03/2022 Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Henry S992277

GIARMC SketchPlanForm\_V

SKETCH PLAN		
A-SGU6633R B-SMA6913S		
DESCRIBE CIRCUMSTANCES (		
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OECLARATION /We declare the foregoing particular	ilars are true in every respect.	Muy
Policyholder's Signature Date & Time: 19/03/2022 1430HRS	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Henry NRIC/FIN No.: S992277

GIARMC Sketch Plan Form VAS













