## **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 17/04/2022 15:16 (SGT) Date of Accident 16/04/2022 17:30 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG AIRPORT RD BEFORE BARTLEY RD EAST FLYOVER Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJN1216X

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WILLIE TAN WAH TENG NRIC No. S1211589Z Email Address WILLIE.TAN@CWSERVICES.COM Mobile Phone No (Phone) +65-92364338 Alternative Phone No +65-92364338

#### VEHICLE PARTICULARS

Manufacturer

Toyota Model Vios 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 1500

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5107600809-03 Cover Note Number

#### DRIVER

Name of Driver WILLIE TAN WAH TENG NRIC No. S1211589Z

Date Of Birth	01/08/1955
Occupation	Indoor
Date Of Driving Pass	14/04/1977
Driving experience	45 YEARS
Gender	Male
Mobile Number	(Phone) +65-92364338
Alt. Phone Number	+65-92364338
Email Address	WILLIE.TAN@CWSERVICES.COM
Address	BLK 119D RIVERVALE DRIVE #04-350
Address complement	-
Postcode	544119
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	2
Was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	No -
Was any other vehicle or property damaged?	- Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	WATSON
Gender	Male
DETAILS OF POLICE ACTION	
We all the provident was also discussed to the malice O	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
I WAS TRAVELLING ALONG AIRPORT RD, I STOPPED BECAU BEHIND ME DIDNT MANAGE TO STOP IN TIME, COLLIDED ON	SE THE CARS INFRONT ME OF STOPPED. SUDDENLY THE VAN ITO MY REAR.
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Designation Number	0.00550
Vehicle Registration Number Vehicle Manufacturer	GY9855B
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)	

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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.
- 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

17/04/2022

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: MOEHAMMAD S994845

GIARMC SketchPlanForm\_VI

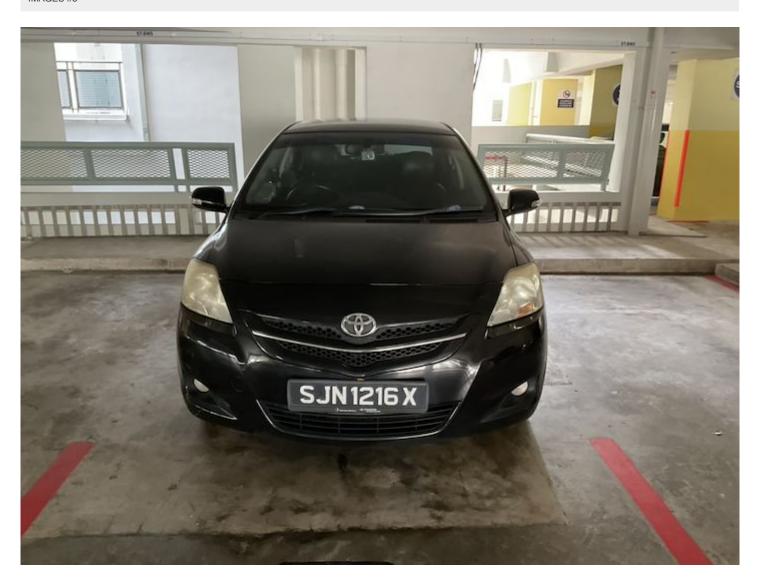
# SKETCH PLAN A-SJN1216X B- GY9855B ALONG AIRPORT RD BEFORE BARTLEY RD EAST. FLYOVER DESCRIBE CIRCUMSTANCES OF THE ACCIDENT REFER TO GEARS DECLARATION I/We deplare the foregoing particulars are true in every respect. Policyholder's Signature Proorting Centre Personnel's Signature Driver's Signature NRIC/FIN No.: MOEHAMMAD (If driver is not the policyholder) Date & Time:

Date & Time:

17/04/2022 GIARMC SketchPlanForm\_V3

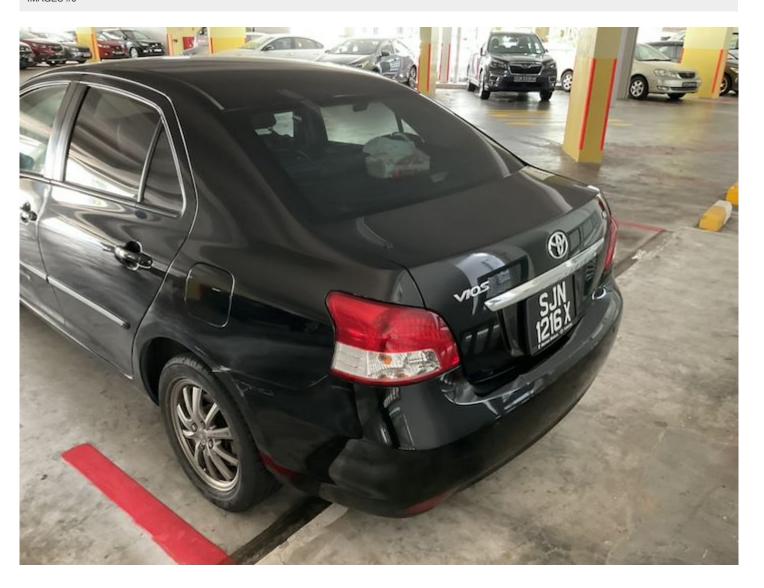














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM			
()	PARTICULARS OF PERSON MAKING THE AMENDM	IENTS:	
	Original Report No: SN07224H0006	Vehicle Registration No: SJN1216X	
	Name (as shown in NRIC): Willie Tan Wah Teng	NRIC/FIN/Passport No: S1211589Z	
	(*Vehicle Driver/Vehicle Owner) (*) Please delete	as appropriate	
	Address: Blk 119D, Rivervale Drive #04-350	Singapore (544119	
	Contact (Tel): 6384 1528	Mobile No.: 9236 4338	
	Email Address: willie.tan@cwservices.com		
	Date of Accident: 16-Apr-2022	Time of Accident: 17:30	
	Place of Accident: Airport Road		
	Insurance Company: NTUC Income Insurance Co-oper	rative Ltd	
	There is an error in the Sketch Plan  My vehicle should be A instead of B as the Van B collided  Thank you	with my car from the rear	
- 1	With Kind Regards Willie Tan 9236 4338		
		0	
	1	Rator '	
	Policyholder / Priver's Signature Date: 18(4)22	Reporting Centre Personnel's Signature Name: MOEHAMMAD NRIC/FIN No.: S994845 Date: 18/04/2022	

GIARMC Addundum Form