# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

t. 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 multitul and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate.

A. 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 failed 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 Exigement 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 **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

04/05/2022 15:02 (SGT) 04/05/2022 08:45 (SGT) SLE, Singapore **TOWARDS CTE (LAMP POST 78)** Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLX2675X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No LEE AN, EDWARD SXXXX453H wire3818@yahoo.com.sg (Phone) +65-90903818 +65-90903818

### **VEHICLE PARTICULARS**

Manufacturer

Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Policy Number

Honda Shuttle

Private hire

No - Claiming third party Private hire Auto 1496

#### INSURANCE COMPANY

Cover Note Number

Transmission

Name of Insurance Company Type of Coverage Fleet Policy .....

NTUC Income Insurance Co-operative Ltd Comprehensive

5099194005-04

DRIVER

CC

Name of Driver NRIC No

LEE AN, EDWARD SXXXX453H

#### SKETCH PLAN

## 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
- 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. 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.
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

(understand, 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 arry 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) w he 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;
- (ii) 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/carried 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.

Policyhalde Signature / Date & Oriver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Time & Time Personnel Sketch Plan