

SN07228M000Z / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 22/08/2022 15:07 (SGT)
SUBMITTED BY: Mohammad Ikhsan Bin Abdul Aziz
VERSION: 1 (22/08/2022 15:07 (SGT))

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 Actual Driver**.
3. Information provided must be as truthful and accurate as possible. Any willful 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	22/08/2022 15:07 (SGT)
Reported by	Both
Date of Accident	22/08/2022 09:10 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5, Singapore
Additional Location Information	AFTER THE FLYOVER TOWARDS ITE.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR5898G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN VERN CHIEW (CHEN WENZHO)
NRIC No	S8470686H
Email Address	VERNCHIEW@GMAIL.COM
Mobile Phone No	(Phone) +65-91514889
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Astra
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	1000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5093768412-05

DRIVER

Name of Driver	TAN VERN CHIEW (CHEN WENZHO)
NRIC No	S8470686H
Date Of Birth	31/03/1984
Occupation	Indoor

Reasons for not uploading a video of the accident

WILL EMAIL TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC5253J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEO SUAN YONG, KAVEN
NRIC No	S6845381Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Date Of Driving Pass 03/12/2003
 Driving experience 18 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number
 Alt. Phone Number (Phone) +65-91514889
 Email Address
 Address VERNCHIEW@GMAIL.COM
 Address complement BLK 590A #21-15
 Postcode ANG MO KIO STREET 51
 Is the driver the policyholder? 561590
 If No, Relationship of the Driver with the Insured Yes
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver No
 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) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No
 Translator's name
 Translator's ID
 Translator's phone number
 Translator's email
 Original language used in the statement

PASSENGER 1

Name ETHAN TAN
 Gender Male

PASSENGER 2

Name ELSTON TAN
 Gender Male

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

I was traveling on Ang mo kio Ave 5 and vehicle SMC5253k decided to filter left into my lane. I did not give way as that will require me to brake hard and with 2 kids onboard, I decided to horn to warn him and expected him to allow me to have my right of way before filtering into my lane. However, he decided to continue squeezing into my lane forcing me to swerve slightly to the left but still within lane, to avoid hitting him but did not manage to fully avoid him as his front scrap the rear right fender of my car. We took photos and left the scene.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

IMPORTANT NOTICE

SKETCH PLAN

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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.

[Signature]

22/08/2022 & 1500HRS

Policyholder's Signature / Date & Time

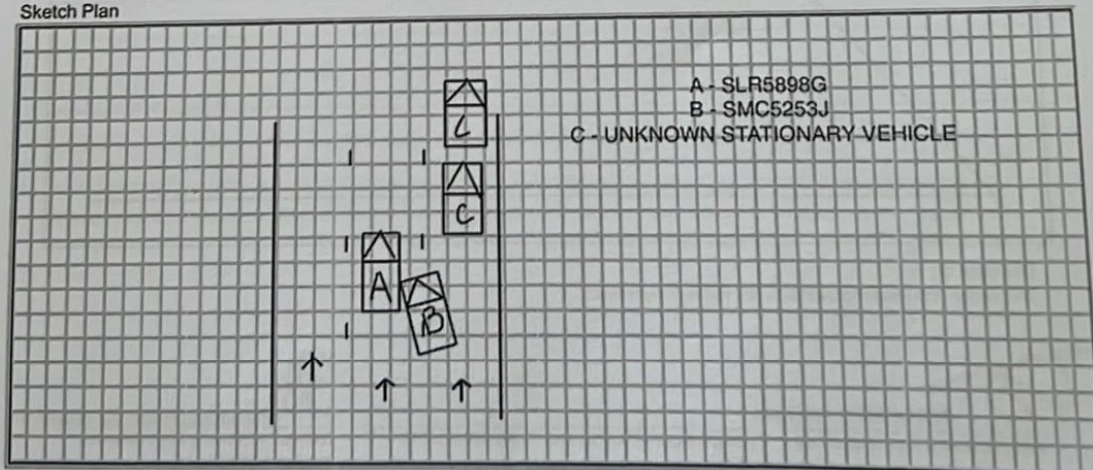
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

Mohammad Ikhsan Bin Abdul Aziz

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



1