









NTUC Income Insurance Co-operative Ltd  
& THE, 19052022 14:31 (SGT)  
Y. Soh Li Huan Vincent  
19052022 14:31 (SGT)

## SINGAPORE ACCIDENT STATEMENT

### NOTICE

This report correctly details the details of the accident to speed up the claims process. The information provided must be 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 data provided may be referred to the Police for investigation.  
6. The General Insurance Co-operative Association of Singapore (GIAS) 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 to interested parties.  
7. By the completion of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available afloat.

### ACCIDENT STATEMENT

Date of Submission: 19/05/2022 14:31 (SGT)  
Date of Accident: 18/05/2022 08:10 (SGT)  
Exact Location of Accident: Singapore  
Additional Location Information: BOON LAY WAY AFTER JURONG WEST STREET 64  
County/State of Loss: Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number: CB8578B  
INSURED POLICYHOLDER  
Is company? No  
Name of Registered Owner: NG KIM WAH  
NRIC No: S1334055A  
Email Address: RAYMOND@SINCERELEAD.COM  
Mobile Phone No: (Phone) +65-87465437  
Alternative Phone No: +65-87465437

### VEHICLE PARTICULARS

Manufacturer: Toyota  
Model: Hiace  
Variant: Employment  
Exact purpose for which vehicle was being used at time of accident: No - Claiming third party  
Are you claiming under your own insurance policy for repair to your vehicle? Commercial vehicle  
Vehicle Category: Manual  
Transmission: 2494  
CC

### INSURANCE COMPANY

Name of Insurance Company: NTUC Income Insurance Co-operative Ltd  
Type of Coverage: Third Party Fire Theft  
Policy Number: No  
Cover Note Number: 5112565915-02

### DRIVER

Name of Driver: ANG GIM YIN  
NRIC No: S0017236G

Accident report SN07225J000M

## INSPECTION REPORT FOR VEHICLE NO. CB8578B

### Our Surveyor

#### 1<sup>st</sup> Inspection:

Signature: \_\_\_\_\_  
Name of Surveyor: \_\_\_\_\_  
Contact No.: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

#### 2<sup>nd</sup> Inspection:

Signature: \_\_\_\_\_  
Name of Surveyor: \_\_\_\_\_  
Contact No.: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

#### 3<sup>rd</sup> Inspection:

Signature: \_\_\_\_\_  
Name of Surveyor: \_\_\_\_\_  
Contact No.: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

### Third Party Surveyor

#### 1<sup>st</sup> Inspection:

Signature: [Signature]  
Name of Surveyor: Jeff Yee  
Contact No.: 91776507  
Date & Time: 24/5/2022 @ 9:20am

#### 2<sup>nd</sup> Inspection:

Signature: \_\_\_\_\_  
Name of Surveyor: \_\_\_\_\_  
Contact No.: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

#### 3<sup>rd</sup> Inspection:

Signature: \_\_\_\_\_  
Name of Surveyor: \_\_\_\_\_  
Contact No.: \_\_\_\_\_  
Date & Time: \_\_\_\_\_



NO STRAIGHT

04/03/1949  
Outdoor  
21/02/1968  
54 YEARS AND 3 MONTHS  
Male  
(Phone) +65-98248874

RAYMOND@SINCERELEAD.COM  
BLK 674B #07-56  
JURONG WEST STREET 65  
642674

No  
Employee

Relationship of the Driver with the Insured  
Driver Own Other Vehicles?  
Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface  
Collision - Change/cross lane  
Clear  
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
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?  
Number of Passengers (Including Driver)  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?  
Was notice of intended Prosecution given?  
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ON LANE 3 GOING STRAIGHT AFTER PASSING THE JUNCTION, I SAW VEHICLE (B) FROM LANE 2 CHANGE INTO LANE 3 AND COLLIDED ONTO THE FRONT RIGHT CORNER OF MY VEHICLE.

ATTACHMENTS

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Reasons for not uploading a video of the accident  
Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour  
Vehicle Category  
Name of Driver  
NRIC No

SKETCH PLAN

IMPORTANT NOTICE

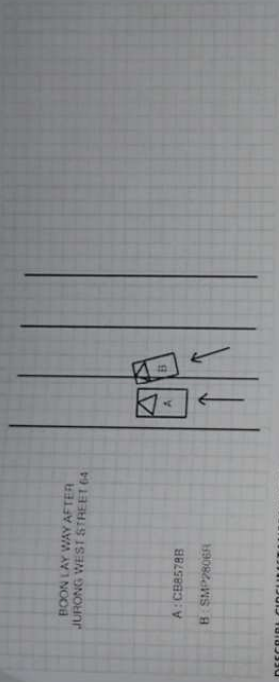
- 1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. The report will be forwarded by the insurers of the GIA record. 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 signature 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 Ministry of Transport 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 making of correspondence, statements, inspections, reports or notes 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 envelope/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 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 used outside of Singapore, for one or more of the above Purposes.
(d) my Personal Information will also be collected and used to complete claims history for the purpose of fraud detection, investigation and management in present and all future claims.
(e) the information so collected under (b) 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 compliance with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time: 19/05/2022 15:00HRS  
Reporting Centre Personnel's Signature  
Name: VINCENT SOH  
SAC/CPN No.: S991133

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS REPORT

Large lined area for describing the accident circumstances. A diagonal line is drawn across this area, indicating that the content has been referred to in another report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time

*[Signature]*

Driver's Sign Name  
(If driver is not the policyholder)  
Date & Time 19/05/2022 15:00HRS

Reporting Centre Personnel's Signature  
Name VINCENT SOH  
NRK/IN No. 3097128

*[Signature]*