

ACCIDENT STATEMENT

Date of Accident Time (24 HRS)

29/07/2024 0645

Location of Accident

Sengkang West Rd.

Scene Pic ☒ Owner ☐ Driver ☐

OWNER/POLICYHOLDER (VEHICLE A) CLIENT INFORMATION

Vehicle Registration Number

SNN 8660C

Name of Policyholder

MR ANG TECK HEE

Full NRIC/ FIN/ Passport/ ROC (If owner is company)

Address

Tel: 967593

Hp:

Address

Contact Number

(MUST WRITE) - EMAIL ADDRESS (compulsory)*

CC: 1.2

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Toyota Sienta

Type of Vehicle

AUTO/ MANUAL

Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:

Are you claiming under your own insurance policy?

☒ Yes

☐ No

Remarks: Third Party Other

Vehicle category

☐ Private Hire

☐ Private

☐ Commercial

☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

NTUC

Type of Policy

☐ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☐ No

Policy Number

514 2155216

PLS SKIP THIS SECTION IF OWNER IS DRIVER

DRIVER

Name of Driver

Tan Huan Lee, Veronica

NRIC/ FIN/ Passport

Date of Birth

☐ Indoor

☐ Outdoor

Occupation

09 Mar 2018

Driving Pass Date

☐ Male

☒ Female

Gender

Tel:

Hp:

Contact Number

Address

Address

(MUST WRITE) - EMAIL ADDRESS (compulsory)*

Was driver an employee of the Insured/policyholder?

☐ Yes

☐ No

If No, relationship of Driver with the Insured.

Wife

No. of Passenger in vehicle (Including Driver)

01

(Including Driver)

Please state Passenger Names:

Name:

Gender:

Name:

Gender:

Name:

Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions

☐ Clear

☐ Raining

☐ Others:

Road Surface

☐ Wet

☐ Dry

☐ Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)

☐ No

☐ Yes

Was anybody injured in the accident?

☐ No

☐ Yes

Ambulance (Yes/ No)

Was any other vehicle(s) or property damaged?

☒ No

☒ Yes

Was there any video captured? (in-car camera in YOUR CAR)

☐ No

☐ Yes

Was the accident reported to the Police?

☐ No

☐ Yes

Name of Police Station

Name of police station

Was notice of Intended Prosecution given?

☐ No

☐ Yes

If yes who:

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION
Vehicle Registration Number SME 74231
Make/ Model/ Others 10h of a VIOS
Vehicle category ☐ Private Hire ☐ Private ☐ Commercial ☐ Motorcycle
Name of Driver RAJENDRAN STANKAR
NRIC/ FIN/ Passport ST661353B
Contact Number 9023.2413
Number of People in vehicle (Including Driver) (2)

Other Vehicle or Property 2 (VEHICLE C)
Vehicle Registration Number
Make/ Model/ Others
Vehicle category ☐ Private Hire ☐ Private ☒ Commercial ☐ Motorcycle
Name of Driver
NRIC/ FIN/ Passport
Contact Number
Number of People in vehicle (Including Driver)

DETAILS OF WITNESS

Name
Phone / Email Address

DETAILS OF INJURED PERSON 1

Name
Contact Number
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? ☐ Yes ☒ No
Was Injured conveyed to hospital by ambulance? ☐ Yes ☒ No

DETAILS OF INJURED PERSON 2

Name
Contact Number
Injuries Sustained
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? ☐ Yes ☒ No
Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☒ No

Policy Holder Signature/ Date & Time

Driver Signature/ Date & Time

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 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.



29/8/24
1020 AM

Policyholder's Signature / Date & Time

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

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

Sketch Plan

Sengbang West Rd

Pedestrian Crossing



SMG
7423 L (Toyota
Vios)

SNV
8660C

Describe Circumstance of the Accident

The traffic lights turned green and I started to turn right from Sengkang West Road. As I approached the pedestrian crossing, a cyclist suddenly appeared and came onto the road. In order to avoid him, I stepped on my brakes and stopped in time. The vehicle behind, SME7423L, did not stop in time and hit the left side of my car from behind.

Third party claim at other workshop.

Declaration

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



Policyholder's Signature / Date & Time



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

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