

## 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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	04/12/2017 09:35
Date Of Accident	02/12/2017 20:20
Exact Location Of Accident	IKEA TAMPINES CARPARK LEVEL 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFK3028Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHNG TURK SERN (ZHUANG DESHENG)
NRIC No	S7511289J
Email Address	DESHENG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98281545
Alternative Phone No	OTHERS-98281545
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED(SHOPPING)
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090243230
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHNG TURK SERN (ZHUANG DESHENG)
NRIC No	S7511289J
Date Of Birth	15/04/1975
Occupation	INDOOR
Date Of Driving Pass	28/10/1993
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98281545
Fax Number	
Contact Number	OTHERS-98281545
EEmail Address	DESHENG@HOTMAIL.COM

Address	BLK 127C KIM TIAN ROAD #32-545
Postcode	136127
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND ATTACHMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## Sketch Plan

### SKETCH PLAN


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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.
- (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:
  - (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 complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time: 4 Dec 17  
0920 am

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 4 Dec 17  
0920 am

  
Reporting Centre Personnel's Signature  
Name: Rex Li  
NRIC/FIN No.: 90412017

## Sketch Plan #2

### SKETCH PLAN



IKEA Tampines Carpark Level 1, I Section Between Row 7 and 8

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2 Dec 2017 Saturday at 9.20pm at IKEA Tampines, I went to my car which was parked at Level 1, Section I between Row 7 and 8 as attached photo, after shopping with family. 2 note pads were found pasted on my driver's side window as attached. As it was a wrong accusation to me, I did not call that phone number as it may be a cheating case. Nevertheless, I am reporting to IDAC here for record purpose ~~and~~ ~~reporting~~ purpose.

### DECLARATION

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

*Chng*  
Policyholder's Signature

Date & Time: 4 Dec 17, 0920am


Signature, Name and Date

*Chng*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 4 Dec 17  
0920am

*an* 04/12/2017  
Reporting Centre Personnel's Signature  
Name: *Peshi W...*  
NRIC/FIN No.:

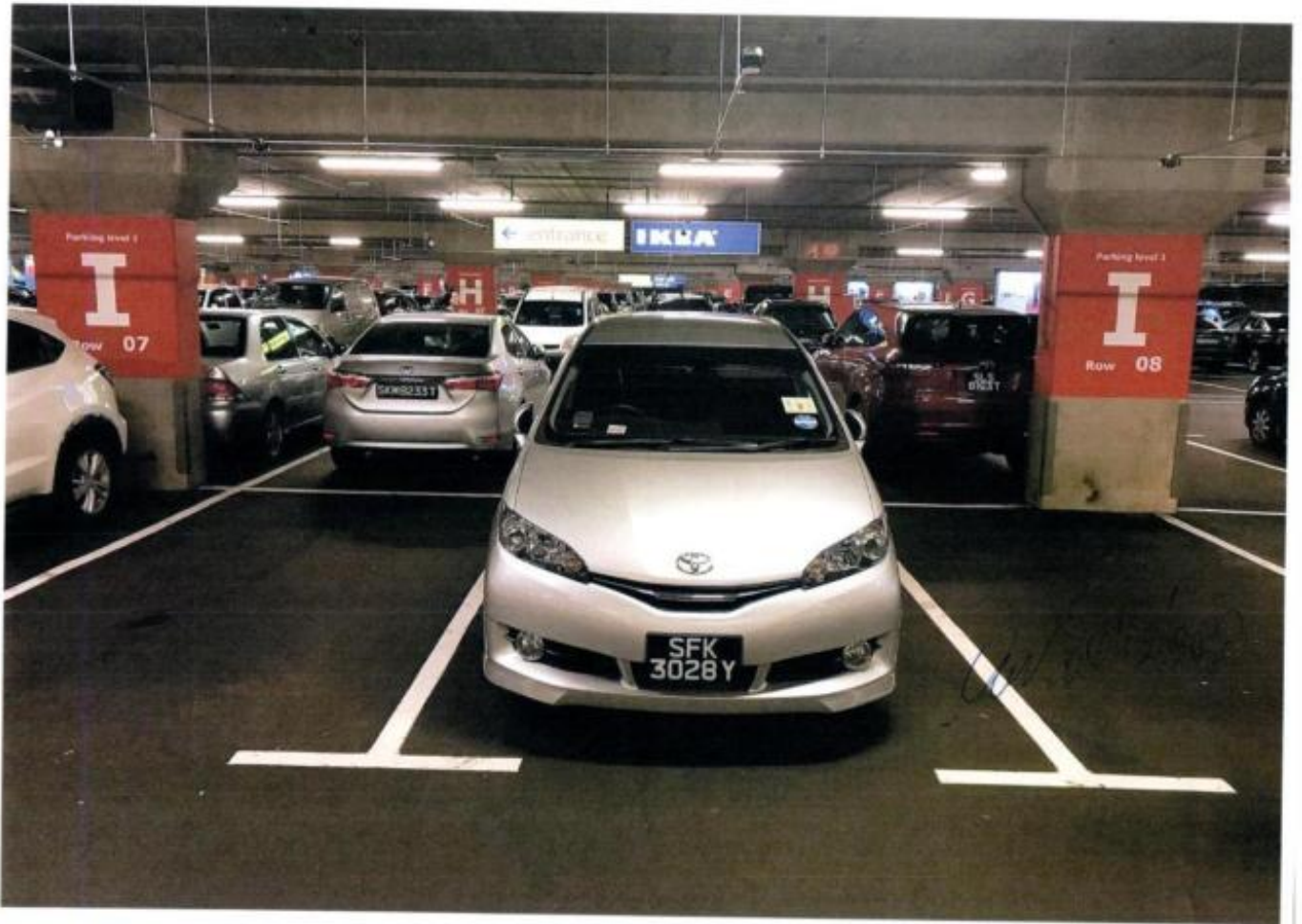
Dear Car owner of  
SFK 3028Y. my  
passenger's car handle  
has been damaged by  
your car door. The colour  
and position of damages  
matches your door. My  
car is a black BMW.

You can contact  
me at 91195815  
for pictures taken.

 04/12/2017



#### Sketch Plan #4



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



**Accident Photo**



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo

