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 witholding 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 21:20
Exact Location Of Accident	IKEA TAMPINES CARPARK LEVEL 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFK3028Y
Insured/Policyholder	
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
Vehicle Particulars	
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090243230
Cover Note Number	
Driver	
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
EMail Address	DESHENG@HOTMAIL.COM

Address	BLK 127C KIM TIAN ROAD #32-545
Postcode	163127
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 SKETC 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

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7. By the lodgment 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.

   (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.

Chng

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

Chng

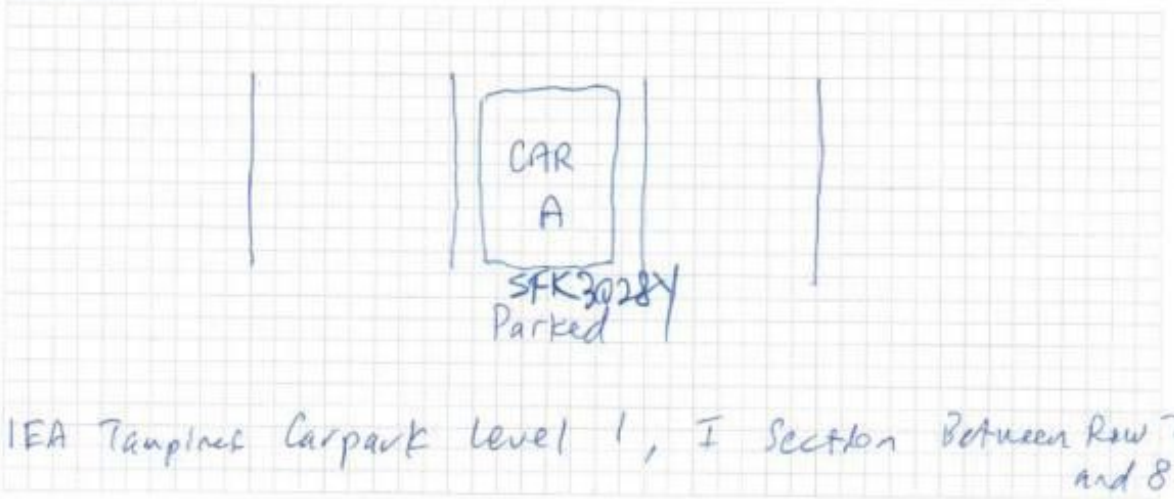
Driver's Signature
(If driver is not the policyholder)
Date & Time: 4 Dec 17
0920 am

04/12/2017

Reporting Centre Personnel's Signature
Name: KOH LI WATTS
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



IEA 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.~~ ~~end~~ ~~reporting~~ purpose.

DECLARATION

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

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

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

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

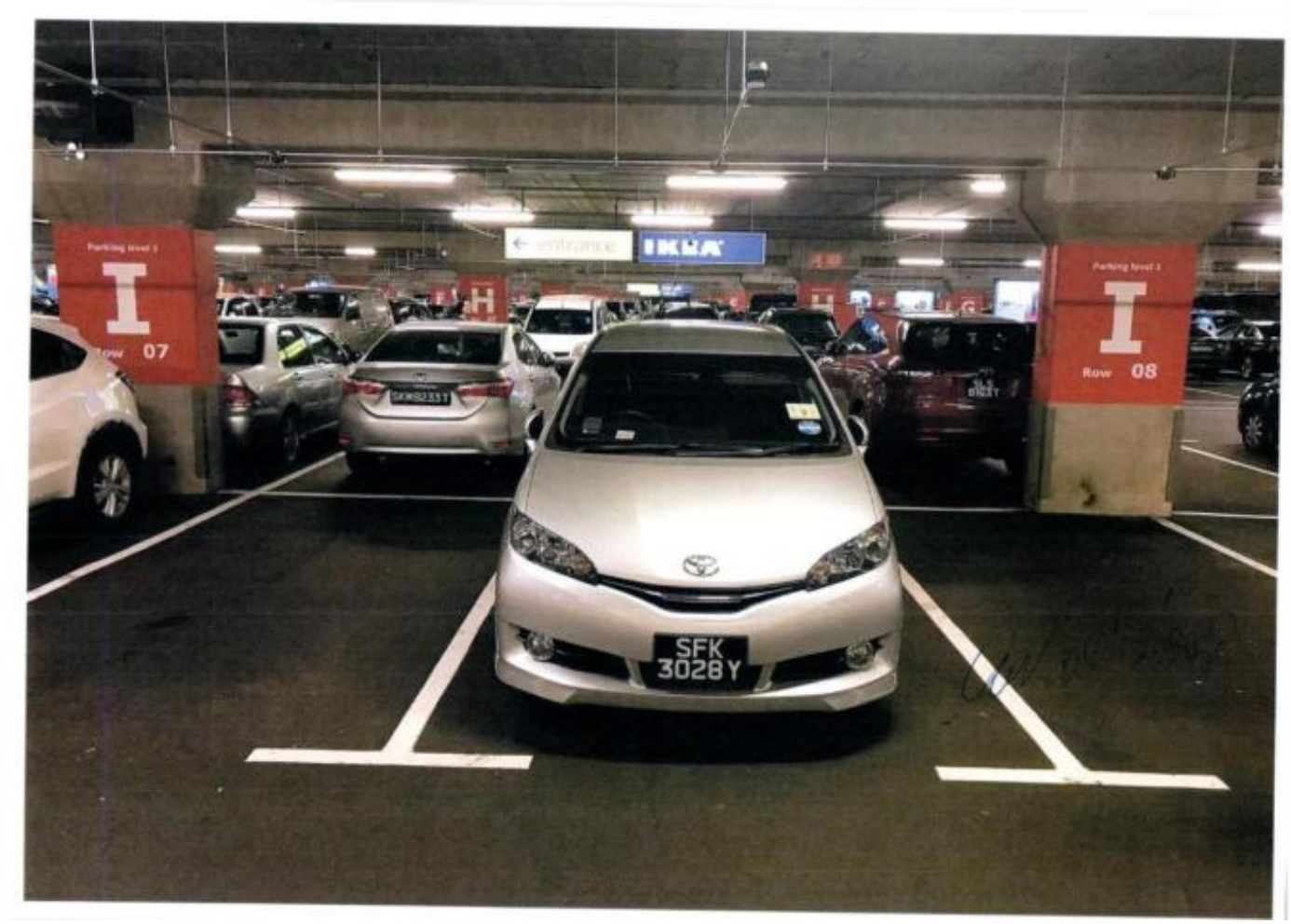
Sketch Plan #3

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

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Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017738

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA417159224 Vehicle Registration No: SFK 3028Y

Name(as shown in NRIC) : CHNG TUEK SHRM NRIC/FIN/Passport No : S7511289J

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 98281545

Email Address :

Date of Accident : 02/12/2017 Time of Accident : 21:20.

Place of Accident : JALAN TOMPANGS CARPARK LEVEL 1

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

(4) TIME OF ACCIDENT 21:20

(5) POSTAL CODE 163127.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: RADZI WAHAB
NRIC/FIN No.:
Date: 04/12/2017