

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	18/12/2017 09:05
Date Of Accident	15/12/2017 16:00
Exact Location Of Accident	DEFU LANE 10 BLK 17
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKS7191E
Insured/Policyholder	
Name Of Registered Owner	JETSPRINT AUTO ENTERPRISES
Co Reg No	52799650E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63484711
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTOR TRADE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5020961125-10
Cover Note Number	
Driver	
Name of Driver	CHUA HO HOCK
NRIC No	S7045344D
Date Of Birth	16/12/1970
Occupation	INDOOR
Date Of Driving Pass	12/04/1989
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96714711
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 122 PUNGGOL WALK #13-45
Postcode	828771
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE PROPRIETOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YJ9920L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	D THIRUCHELVAM
NRIC/Passport Number	
Contact Number	90110166
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	TAN HOCK POON
Phone Number	97859939
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCF9939R
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Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

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:

16/12/2017
1600hr

Driver's Signature
(If driver is not the policyholder)
Date & Time:

16/12/2017
1600hr

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

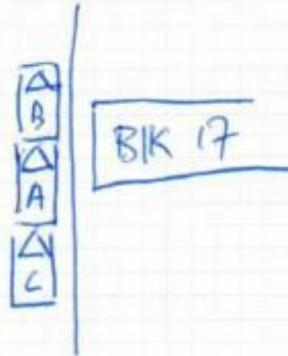
18/12/17

Accident Sketch Plan

SKETCH PLAN

DEFU LANE 10 BLK 17

A. SKS 7191 E
B. YJ 9920 L
C. SCF 9939 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON SAID DATE & TIME OF THE ACCIDENT, I PARKED MY VEHICLE - SKS 7191 E IN THE DESIGNATE PARKING LOT NO. SP6A ALONG ROAD SIDE OF BLK 17 DEFU LANE 10.

AROUND 1610 HRS, I WAS INFORMED BY MY WORKER THAT A VEHICLE - YJ 9920 L MOVE BACKWARD & COLLIDED ONTO FRONT PORTION OF MY CAR. DUE TO THE IMPACT, MY CAR BEING PUSH BACKWARD & MY CAR REAR PORTION HIT ONTO FRONT PORTION OF VEHICLE - SCF 9939 R WHICH PARKED BEHIND OF MY CAR. VEHICLE B' DRIVER WROTE AN ACKNOWLEDGE LETTER & INSTATE THIS ACCIDENT WAS CAUSING BY HIS MISTAKE. HENCE, I HORE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B' INSURANCE FOR MY VEHICLE DAMAGES.

DECLARATION

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

Policyholder's Signature

Date & Time: 16/12/2017
1600 HR

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16/12/2017
1600 HR

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

