

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 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	02/05/2018 14:53
Date Of Accident	30/04/2018 19:30
Exact Location Of Accident	UBI AVE 1 NEAR BLK 301 LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM8106C
Insured/Policyholder	
Name Of Registered Owner	SIA CHAN QIANG
NRIC No	S9447936C
Email Address	CHANQIANG.SIA@NETROWORKZ.COM
Mobile Phone No	(LOCAL) +65-97541140
Alternative Phone No	OTHERS-97541140

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097780665
Cover Note Number	

Driver

Name of Driver	WONG KIM HWA
NRIC No	S9236828I
Date Of Birth	09/10/1992
Occupation	INDOOR
Date Of Driving Pass	03/03/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81393774
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 438 YISHUN AVE 11 #05-178
Postcode	760438
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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	PC2039X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHD SUZAHAR BIN TAMBI
NRIC/Passport Number	S6800728C
Contact Number	84631773
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

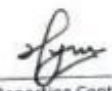
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

 02/05/2018
Policyholder's Signature
Date & Time:

 02/05/2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 02/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A - SKM8106C

B - PCJ039X

LOADING
ONLY



VEH B
REVERSING


UBI A/E T
LOADING
BAY


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls refer to the statement.

DECLARATION

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

 02/05/2018
Policyholder's Signature
Date & Time:

 02/5/2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 02/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

I PARKED MY VEH AT THE LOADING BAY AT UBI AVE 1 AROUND 18:00HRS. WHEN I CAME BACK AT 22:00HRS I SAW A NOTE ON MY WINDSCREEN, THE VEH B DRIVER SAID THAT HIS VEH HIT MY PARKED VEH WHEN HE WAS REVERSING HIS VEH. I MAKE THIS REPORT FOR INSURANCE CLAIMS.

Accident Photo



Accident Photo



Accident Photo



Accident Photo

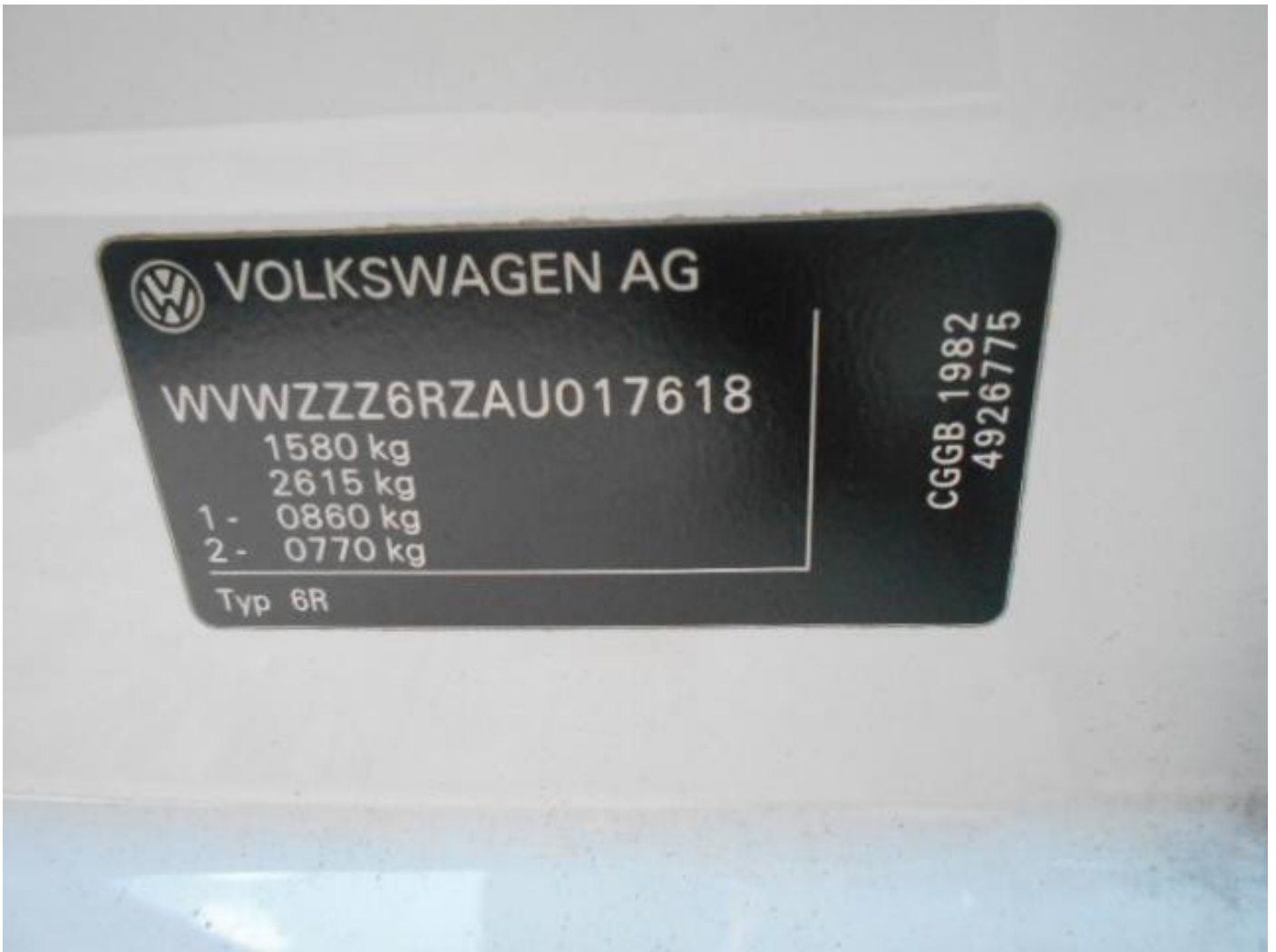


Accident Photo



Accident Photo





Dear owner of vehicle STN 8106C
I Mohd Razahar accidentally hit ~~the~~ while reversing.
The back of your vehicle and the right
signal light cover broken and right
bumper dented. I wait for
you from 7:10pm and I have to
move at 9pm. Pls call me at 84621973
Sorry.