

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	13/09/2018 23:27
Date Of Accident	12/09/2018 18:40
Exact Location Of Accident	OPEN CARPARK OF CHURCH OF THE HOLY TRINITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH9935X
Insured/Policyholder	
Name Of Registered Owner	ANG DAY LIONG @ANG LAY LEONG HENRY
NRIC No	S0374469H
Email Address	HENRYANG03@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96169246
Alternative Phone No	OFFICE-96169246
Vehicle Particulars	
Manufacturer	LEXUS
Model	CT200H-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	5065436503-04
Cover Note Number	
Driver	
Name of Driver	ANG DAY LIONG @ANG LAY LEONG HENRY
NRIC No	S0374469H
Date Of Birth	03/08/1939
Occupation	INDOOR
Date Of Driving Pass	24/11/1956
Driving Experience	61 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96169246
Fax Number	
Contact Number	OFFICE-96169246
EMail Address	HENRYANG03@YAHOO.COM.SG

Address 39 SIMEI STREET 4 #05-19
 Postcode 529871
 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 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 2
 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) 3
 Passenger 1 NAME: : TAN CHIN SWAT
 GENDER: : FEMALE
 Passenger 2 NAME: : HTAY KHIN
 GENDER: : FEMALE

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

REFER TO SKETCH PLAN

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 SLQ5434S
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver CHARLES PEREIRA
 NRIC/Passport Number S0078517B
 Contact Number 91465802
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN


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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 willful misuse will result in voiding of the policy and will result in a claimant's right to repudiate policy liability.
4. The issue and acceptance of this Form by the insured is taken as a formal admission of policy liability on the part of the insured.
5. Any **fraud** regarding may be referred to the Police for investigation.
6. The services will be provided by the Insurers of the GIC in Periods Management Centre established by the General Insurance Association of Singapore (GIAS) for the insured and the claims of the insured will be settled in accordance with the interested parties.
7. By the lodging of this report to the Insurers, you hereby consent to their dealing of this report and its details and to copies of the report being made available to persons:
8. Consent under the Personal Data Protection Act (PDPA)

- whom and also consent to be used to give that:
- (a) My insurer, my employer and the General Insurance Association of Singapore (GIAS) may be 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 an insurer(s) who have the jurisdiction involved in the accident (if applicable) who have their website involved in this accident and be collectively referred to as the "Insurers", the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (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 instructions to any insurer(s) by me;
 - (iv) claim settlement, my claims, including the making of any responses, statements, notices, reports and notes to me which could involve disclosure of certain personal data about me to bring about delivery of the same to me (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 be 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 Insurers' lawyers/law firms to any other insurer(s) including their lawyers/law firms who may be situated outside of Singapore for the purpose(s) of claim settlement;
 - (d) my Personal Information will also be collected and used by computer systems solely for the purpose of claim settlement, investigation and management in present and all future claims;
 - (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, handling or managing third parties, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with regulations, under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time: 13/07/2018
 16:45 hrs

Driver's Signature
 Date & Time


 Recording Vehicle Insurer's partner
 Name: EUGENE
 Date & Time: 13/07/2018

Sketch Plan #2

SKETCH PLAN

- A 12-11-2018 12:48
- B 12-11-2018 12:48



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 12/11/2018 around 12:48, I was taking out of the church of Holy Trinity's carpark at 12:48 while waiting for the car of one of our to pass the gateway at the exit. My vehicle was stationary. A car (FABRIS) who was parked in the lot on my right suddenly reversed out and collided into the rear right corner of my car.

DECLARATION

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

Witness's Signature

Date & Time: 12/11/2018 12:48

Driver's Signature

Date & Time:

Reporting Centre Person's Signature

Name: EUGENE

NRIC/ID No: 85088204F