

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 liability.
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	04/01/2019 18:43
Date Of Accident	03/01/2019 11:30
Exact Location Of Accident	BOTANIC GARDENS RAFFLES CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS4096S
Insured/Policyholder	
Name Of Registered Owner	CHONG SAI BOND (ZHUANG SHIBANG)
NRIC No	S8919006A
Email Address	CHONG.SAIBOND@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88695405
Alternative Phone No	OFFICE-88695405

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI 8V
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5103587412
Cover Note Number	

Driver

Name of Driver	CHONG SAI BOND (ZHUANG SHIBANG)
NRIC No	S8919006A
Date Of Birth	08/06/1989
Occupation	INDOOR
Date Of Driving Pass	28/05/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88695405
Fax Number	
Contact Number	OFFICE-88695405
EEmail Address	CHONG.SAIBOND@GMAIL.COM

Address	APT BLK 77 MARINE DRIVE #16-46
Postcode	440077
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN AND POLICE REPORT :E/20190103/7014

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

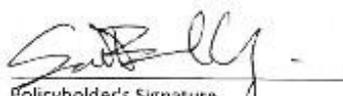
SKETCH PLAN

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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:

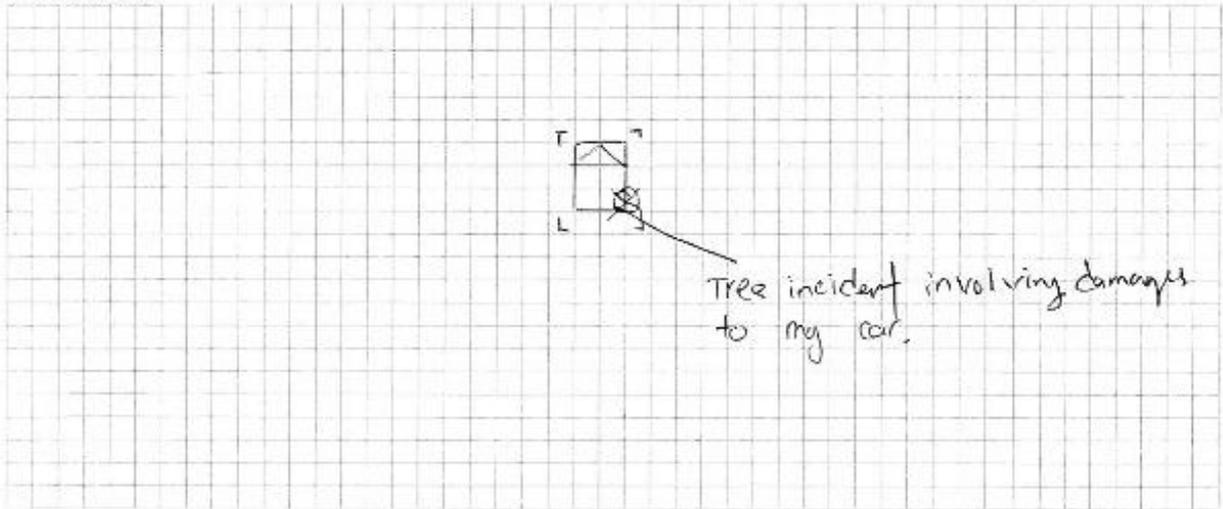
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: WONG KENNETH SEAN ROY
NRIC/FIN No.: G2787143D



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Please refer to the
Police report: E/2019 01037024*

DECLARATION

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

G. Kelly
Policyholder's Signature
Date & Time:

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

[Signature]
Reporting Centre Personnel's Signature
Name: *Wanda Kithach Seally, George*
NRIC/FIN No.: *G 2987143X*



Police Report



**SINGAPORE
POLICE FORCE**



E/20190103/7014

1 of 1

POLICE REPORT (NP299)

Report No. E/20190103/7014

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 03/01/2019 15:01	Wide Report No.	Station Diary No.
Name Of Informant CHONG SAI BOND	Address APT BLK 77 MARINE DRIVE #16-46 SINGAPORE 440077	
ID Type / ID No. NRIC NO / 58919006A	Contact No. Home/Office:	Mobile: 88895405
Nationality SINGAPORE CITIZEN	Email Address chong.saibond@gmail.com	
Occupation Project manager	Sex Male	Age 29
Institution/School Name	Date of Birth 08/06/1989	Race Chinese
Date/Time Of Incident 03/01/2019 09:00 - 03/01/2019 12:00	Location Of Incident UNNAMED ROAD	

Brief details.

Tree incident involving damages to my car

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2019 15:01
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S665500206 / GST Reg. No.: M400017735

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 : MPA419001863-01 Vehicle Registration No: SKS4096S
Name(as shown in NRIC) : CHONG SAI BOND (ZHUANG SHIBANG) NRIC/FIN/Passport No : S8919006A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 77 MARINE DRIVE #16-46 Singapore(440077)
Contact (Tel) : 88695405 Mobile No. :
Email Address : CHONG.SAIBOND@GMAIL.COM
Date of Accident : 03/01/2019 Time of Accident : 11:30
Place of Accident : BOTANIC GARDENS RAFFLES CAR PARK
Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD

(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:

TO COVERT TO OWN DAMAGE CLAIMS

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: WONG KHAI SEAH, George
NRIC/FIN No.: G2987143X
Date: 14/02/19



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: S66550026G / GST Reg. No.: M900017735

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 : MPA419001863-01 Vehicle Registration No: SKS4096S
Name(as shown in NRIC) : CHONG SAI BOND (ZHUANG SHIBANG) NRIC/FIN/Passport No : S8919006A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 77 MARINE DRIVE #15-45 Singapore(440077)
Contact (Tel) : 88695405 Mobile No. :
Email Address : CHONG.SAIBOND@GMAIL.COM
Date of Accident : 03/01/2019 Time of Accident : 11:30 am
Place of Accident : BOTANIC GARDENS RAFFLES CAR PARK
Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD

(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:

TO CONVERT REPORT FROM OWN POLICY CLAIMS TO THIRD PARTY CLAIMS.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Wong Khong Seng, George
NRIC/FIN No.: G2987143X
Date: 01/03/2019