

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	24/06/2019 18:45
Date Of Accident	16/06/2019 22:30
Exact Location Of Accident	SHAW TOWERS CARPARK 100 BEACH ROAD /S189702
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV8871B
Insured/Policyholder	
Name Of Registered Owner	LIU QING
NRIC No	S2610900J
Email Address	HEZHUOJING@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97351267
Alternative Phone No	OTHERS-97351267

Vehicle Particulars

Manufacturer	AUDI
Model	-
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?	YES
If No, Please state action to be taken	
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	5108897566
Cover Note Number	

Driver

Name of Driver	HE ZHUO JING
NRIC No	S8970741B
Date Of Birth	26/03/1989
Occupation	INDOOR
Date Of Driving Pass	18/10/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97351267
Fax Number	
Contact Number	OTHERS-97351267
Email Address	HEZHUOJING@YAHOO.COM.SG

Address	-
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	1

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 (PREFERRED WORKSHOP IS AUDI SERVICE CTR)

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.

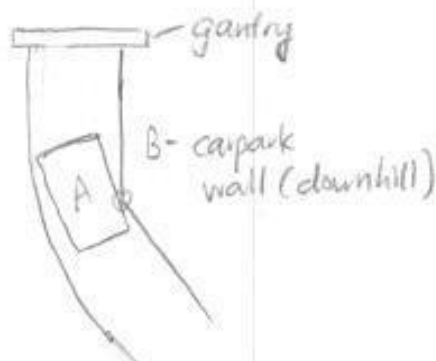
Policyholder's Signature
Date & Time:

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

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

Shaw Towers, 100 Beach Road
carpark ~~Level~~ Exit.

A - SGV8871B
B - Wall



SGV8871B was going downhill in a carpark when turning in a small space, car collided with carpark wall and had damage to ^{rear} right passenger door ~~at the~~ and ^{area} ~~rear~~ ^{beside} ~~above~~ ^{rear right} the wheels. ~~car~~ Rear right passenger door was badly dented and area ^{beside} ~~above~~ the wheel was scratched.

rear right

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

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo







Accident Photo



Accident Photo

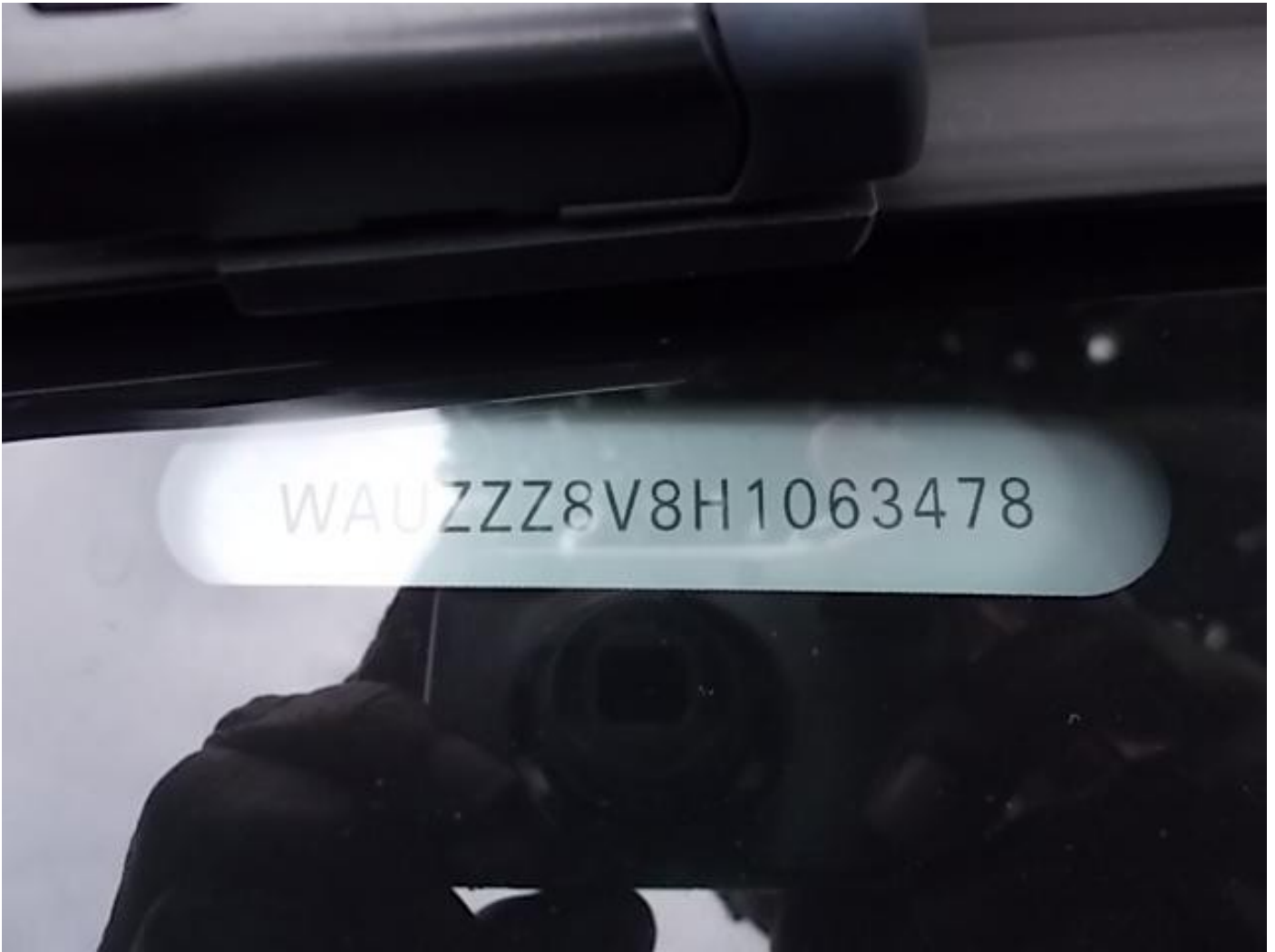


Accident Photo

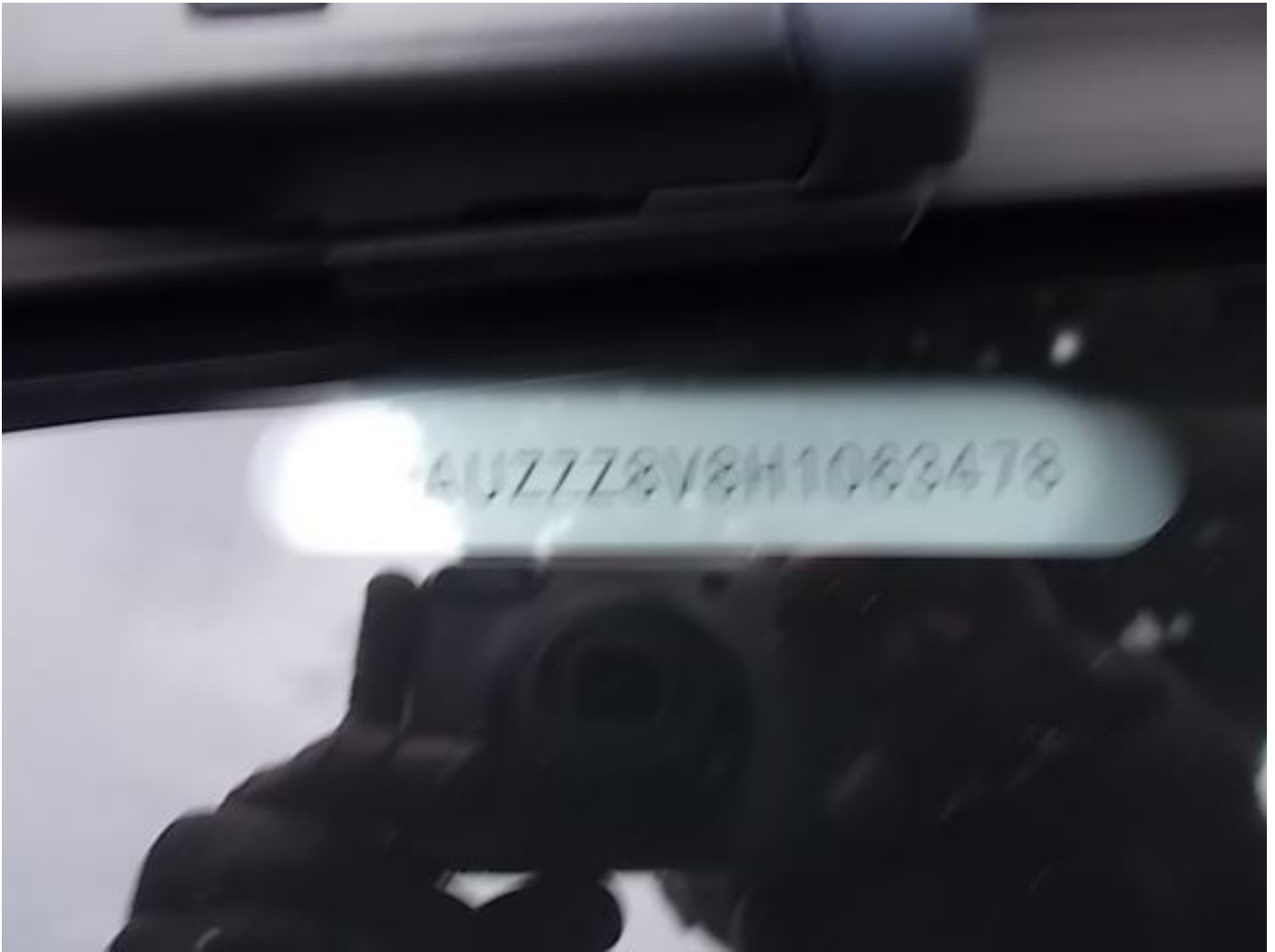




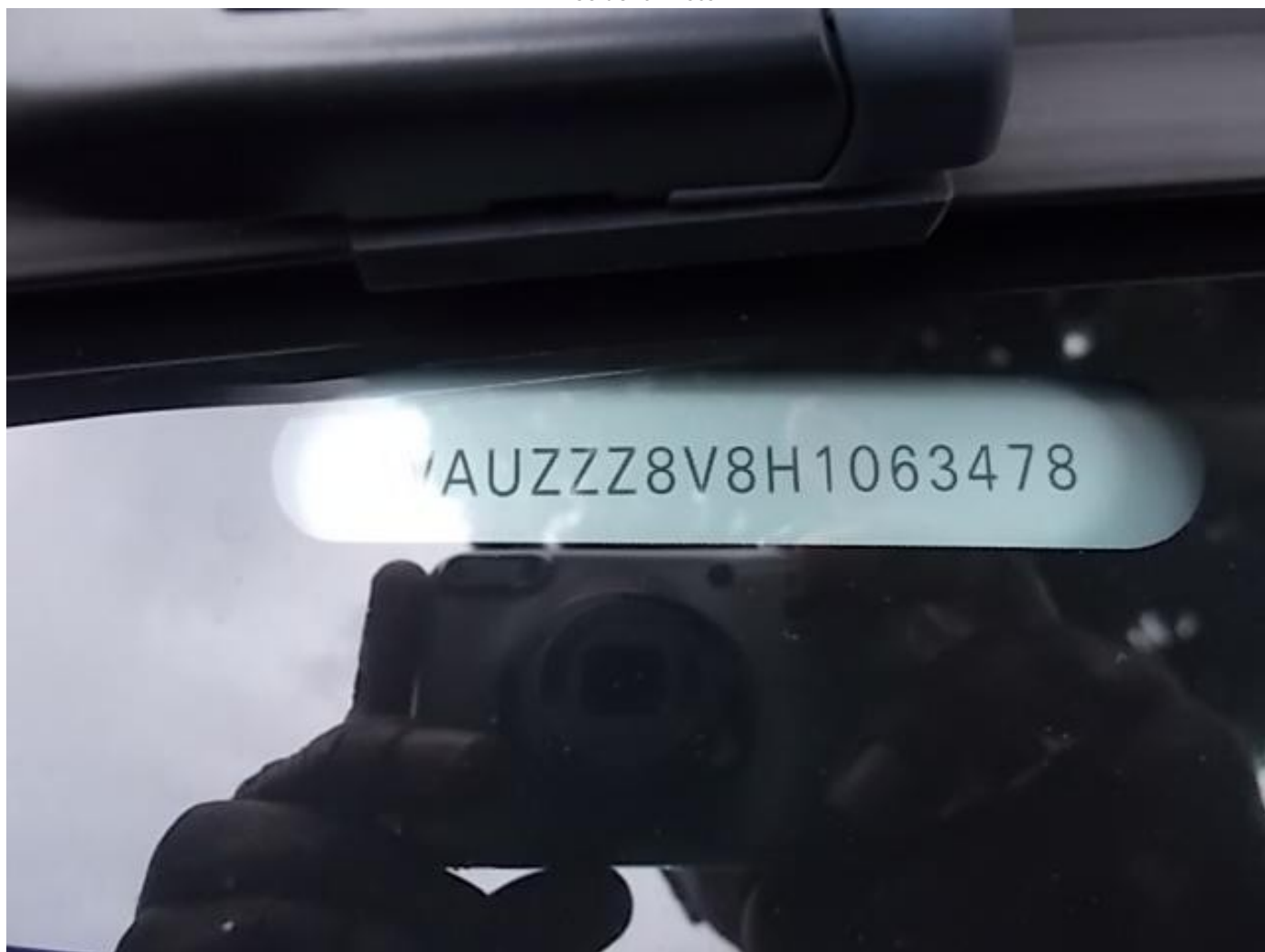
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6724 0010 Fax (65) 6724 0020
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S46550020G / 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 : MNA419082259 Vehicle Registration No: SGV8871B
Name (as shown on NRIC) : HE ZHUO JING NRIC/FIN/Passport No : 55970741B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : - Singapore(-)
Contact (Tel) : - Mobile No.: 97351267
Email Address : HEZHUOJING@YAHOO.COM-SG
Date of Accident : 16/06/2019 Time of Accident: 22:30
Place of Accident : SHAW TOWERS CARPARK 100 BEACH ROAD / S159702
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:

Amend from Reporting to CD
PROFFERED WORKSHOP Audi SERVICE CTR

[Signature]
Policyholder / Driver's Signature
Date: 2/8/2019

[Signature] 02/08/2019
Reporting Centre Personnel's Signature
Name: Resh L
NRIC/FIN No.: W111003
Date: