

## 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	06/07/2019 17:05
Date Of Accident	06/07/2019 15:00
Exact Location Of Accident	ALONG BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8885S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SCHULZ PIPING COMPONENT PTE. LTD.
Co Reg No	201734756Z
Email Address	SALES@SCHULPIPING.COM.SG
Mobile Phone No	(LOCAL) +65-93898184
Alternative Phone No	OFFICE-62916433

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100429477
Cover Note Number	

### Driver

Name of Driver	TAN BOON CHIU (CHEN WENQIU)
NRIC No	S7535406A
Date Of Birth	17/11/1975
Occupation	INDOOR
Date Of Driving Pass	06/10/1998
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93898184
Fax Number	
Contact Number	OFFICE-62916433
EEmail Address	SALES@SCHULPIPING.COM.SG

Address	BLK 645 PUNGGOL CENTRAL #09-336
Postcode	820645
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

### General Information of the Accident

Type Of Accident	SIDE SWIPE
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	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)	4
Passenger 1	NAME: : TAN SAW HOON (WIFE) GENDER: : FEMALE
Passenger 2	NAME: : TAN ZHI LEE (DAUGHTER) GENDER: : FEMALE
Passenger 3	NAME: : TAN ZHI WEI (DAUGHTER) 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

PLEASE 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	GX9445G
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PHILIP
NRIC/Passport Number	

Contact Number 98716840  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

# 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.

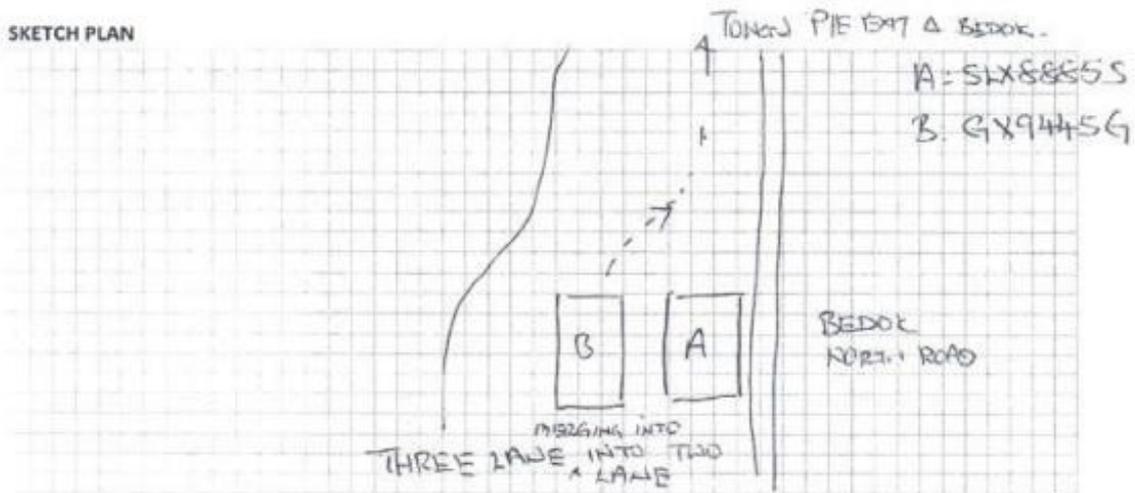
X   
Policyholder's Signature  
Date & Time: \_\_\_\_\_  


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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I AM DRIVING ALONG BEDOK NORTH ROAD (A). VEHICLE B  
 TURN INTO MY LANE AND RESULT IN HIS LORRY RIGHT SIDE  
 SCRATCH AGAINST MY VEHICLE LEFT SIDE.

DECLARATION

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

*[Signature]*

Policyholder's Signature  
 Date & Time:



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

*[Signature]*  
 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



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.: M100017335

**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 : MNA119088/23 Vehicle Registration No: SLX 8885S  
 Name(as shown in NRIC) : Tan Boon Chiu NRIC/FIN/Passport No : ST535406A  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : 62916433 Mobile No. : 93898184  
 Email Address : \_\_\_\_\_  
 Date of Accident : 06.07.2019 Time of Accident : 15:00hrs  
 Place of Accident : Bedok North Road  
 Insurance Company: NTUC

**(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:

1. After the collision, the said vehicle had push my vehicle towards the curb. Due to the collision, my vehicle was badly damaged on left and right.

2. 4 PAY INCLUDING DRIVER IN THE CAR

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

[Signature] 16/07/2019  
 Reporting Centre Personnel's Signature  
 Name: Reza Wanto  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: