

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	29/08/2019 09:56
Date Of Accident	28/08/2019 12:15
Exact Location Of Accident	JUNC ST MICHAEL'S RD & ST FRANCIS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1821T
Insured/Policyholder	
Name Of Registered Owner	BAI JUNFA
NRIC No	S8415563B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83216789
Alternative Phone No	OFFICE-83216789

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI AMBIENTE MY 15
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	5108744131
Cover Note Number	

Driver

Name of Driver	BAI JUNFA
NRIC No	S8415563B
Date Of Birth	30/05/1984
Occupation	INDOOR
Date Of Driving Pass	15/12/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83216789
Fax Number	
Contact Number	OFFICE-83216789
Email Address	NOEMAIL

Address	BLK 631 PASIR RIS DRIVE 3 #06-378
Postcode	510631
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	COLLISION - MAJOR/MINOR RD
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?	YES
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)	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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW4764M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	BAI JUNFA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMM1821T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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:

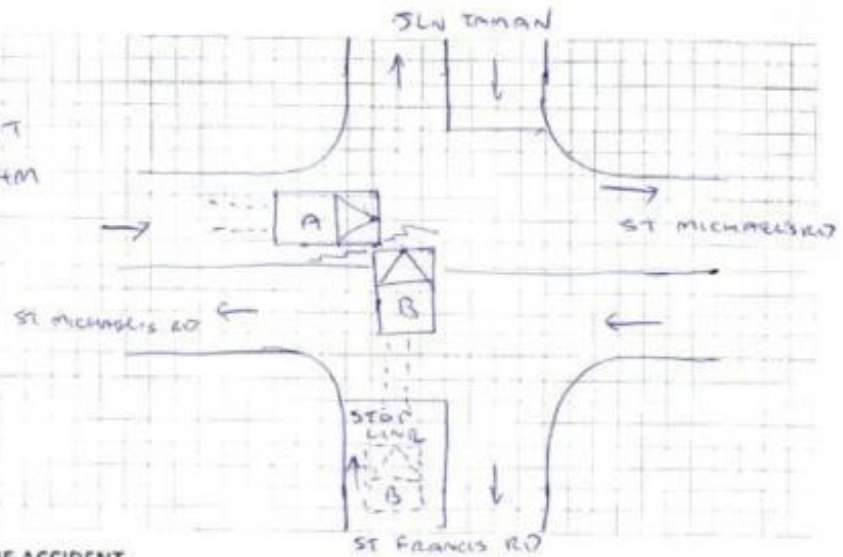
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

Vehicle A - 3MM1821 T
Vehicle B - SJW 4764 M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight ahead travelling Serangan Road.

While coming to a cross junction of (St Michael's Rd/St Francis Rd/SLN TAMAN). Suddenly a vehicle came out from St Francis Rd, As it was too sudden, I couldn't react on time or brake in time to prevent the accident/collision hit by vehicle (SJW 4764 M).

Ahead from my vehicle and realized. It was a vehicle (SJW 4764 M) that ignored the stop line and causing the collision to the front right portion of my vehicle.

The whole accident footage was captured by my in-car camera.

Vehicle A - 3MM1821 T

Vehicle B - SJW 4764 M

DECLARATION

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

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.:

7:45 4G

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3005190203N061003214

Land Transport Authority

10 Sui Ming Drive Singapore 575701
www.lta.gov.sg

30 May 2019 Our ref: 3005190203N061003214

BAI JUNFA
631 PASIR RIS DRIVE 3
#06-378
SINGAPORE 510631

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Dear Sir/Madam

You Have Successfully Replaced Vehicle Registration No. SKS4017X With SMM1821T

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SKS4017X, now has the number SMM1821T.

What You Need To Do:

- You must show the new number SMM1821T on your vehicle by 02 Jun 2019.

The vehicle details after the transaction are:

Transaction No.	: 20190530143328377305
Vehicle Registration No.	: SMM1821T (Previously SKS4017X)
Vehicle Make	: AUDI
Vehicle Model	: A3 SEDAN 1.4 TFSI AMBIENTE MY 15
Chassis No.	: WAUZZZ8V5F1075679
Engine No./ Motor No.	: CZC226116 / -

Please change the number plates on this vehicle to show SMM1821T by 02 Jun 2019. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



A close-up photograph of the Audi vehicle identification plate (VIN) and chassis number. The plate is silver and rectangular, mounted on a white surface. It features the Audi logo (four interlocking rings) and the text "AUDI AG" at the top. The VIN "WAUZZZ8V5F1075679" is printed in the center. Below the VIN, the chassis number "CZCA 7511" and the date "10/2014" are visible. To the left of the plate, a black metal bracket is attached to the white surface. A black corrugated hose is visible in the background.

Accident Photo

