

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	04/10/2019 16:24
Date Of Accident	03/10/2019 07:30
Exact Location Of Accident	EXIT FROM MANDARIN GARDENS SIGLAP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA397H
Insured/Policyholder	
Name Of Registered Owner	CHEN ZHENG
NRIC No	S2724980I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91703900
Alternative Phone No	OFFICE-91703900

Vehicle Particulars

Manufacturer	CHEVROLET
Model	SONIC-1.4 LTZ (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5088442956-02 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	SIM CHUAI SHUN EMILY
NRIC No	S6811335J
Date Of Birth	06/03/1968
Occupation	INDOOR
Date Of Driving Pass	01/01/1999
Driving Experience	20 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	+65-91703900
Fax Number	
Contact Number	OFFICE-91703900
Email Address	NOEMAIL

Address	7 SIGLAP ROAD #18-66
Postcode	S448909
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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)	2
Passenger 1	NAME: : - 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 SEE ATTACHED 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	SKE8481K
Vehicle Make/Model/Colour	BMW
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)

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:
FRI 4 OCT 2019

7:28 pm

4 OCT 2019

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

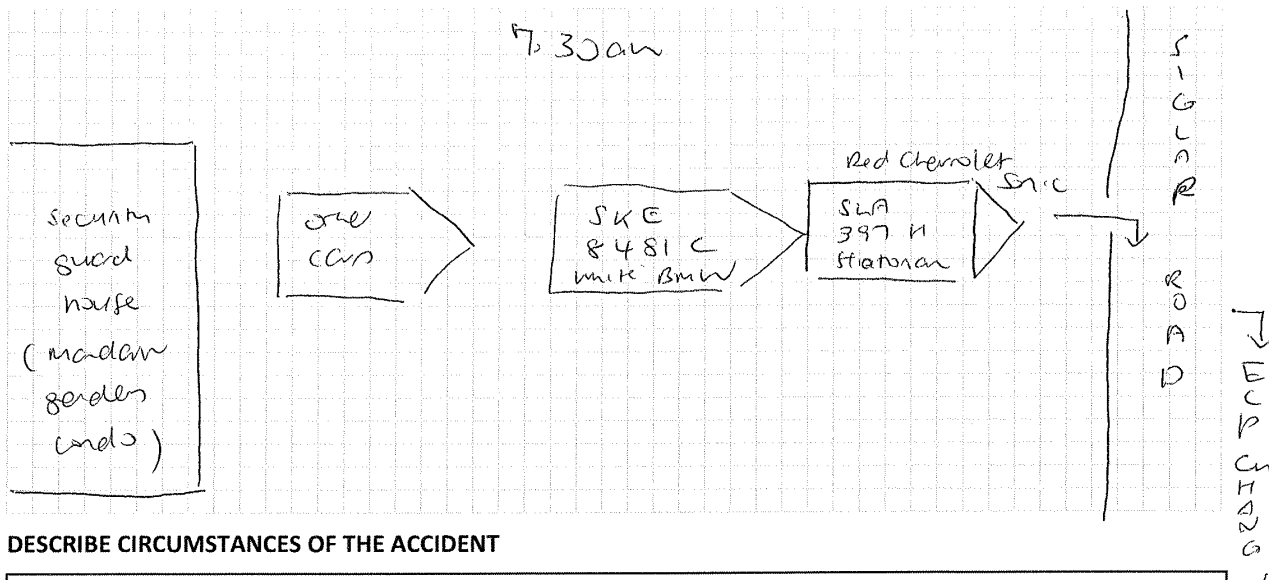
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

THUR 3 OCT 2019

7.30am



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident date: Thurs 3 Oct 2019 at 730 am.
Location: - Madani Gardens Condo Siglap Road Entrance / Exit at the Guard House.

My vehicle red Chevrolet Sonic 5LA397H was stationary, waiting to turn right into ECP (change) when the white BMW 8KE 8481C, driven by Ms Priyanka, NRIC S7682973Z, resident of Same Condo lobby B, He wore # 97844603, banged into the back of my car.
Ms Priyanka did not possess any NRIC / DL when she was at the time of accident. She gave me her NRIC and mobile no. and she signed a statement of responsibility, as indicated in my notebook.

DECLARATION

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

- 4 OCT 2019

IDAC BUKIT DATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: Fri 4 Oct 2019
4:28 pm

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



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: S66550020G / 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 : _____ Vehicle Registration No: SLA 397 H
Name(as shown in NRIC) : SIM CHUAI SHUN NRIC/FIN/Passport No : EMILY 86811335J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : _____ Time of Accident : _____
Place of Accident : _____
Insurance Company: _____

(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:

PLS AMEND THE SECTION :-

DETAILS OF OTHER VEHICLE

Vehicle Registration No: SKE 8481 K



this alphabet
was previously
reported as C

This was incorrect!
Pls amend to K

Thanky

Emil

Policyholder / Driver's Signature

Date: Fri 11 October 2019
2:28 pm

IDAC BUKIT BATOK (VAC)

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:
Date: