

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	07/11/2019 16:27
Date Of Accident	02/11/2019 13:50
Exact Location Of Accident	URA CARPARK NO J0122 @295 JLN KAYU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD4233S
Insured/Policyholder	
Name Of Registered Owner	MR NG SIN WEI
NRIC No	S8024233F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94879988
Alternative Phone No	OTHERS-91080101

Vehicle Particulars

Manufacturer	JAGUAR
Model	XJL
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3072491900
Cover Note Number	

Driver

Name of Driver	NG AI LING JOYCE
NRIC No	S7725053J
Date Of Birth	05/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	26/02/1996
Driving Experience	23 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91080101
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 13 SENGKANG EAST AVE #14-10
Postcode	544805
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	0

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.

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 Witness 1

Name	MAY YAP CUI XUAN
Phone Number	90076808
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB9556U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG KENG MENG
NRIC/Passport Number	S2505693J
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

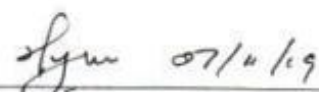
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

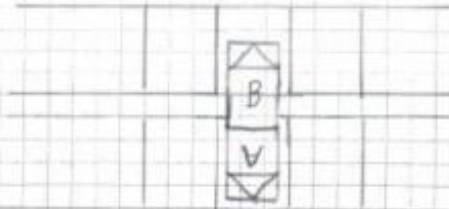

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN

A = SKD 4233S
B = GBB 9556 U

URA CARPARK NO J0122
295 JALAN KAYU



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/11/2019, I parked my car SKD4233S at URA Carpark no J0122 manage by CBM Parking Pte Ltd at 295 Jalan Kayu around 1257 hours and I have the parking receipt with me and during that time I know there was a red car parked directly behind me. Thereafter, I went for my lunch. When I back from my lunch at about 1350 hrs, a lorry was parked behind me and to my horror the back of the lorry hit the back of my bumper which cause a dent and scratches. A police call was make, the lorry driver admitted to his mistake when the police officer spoken to him. As advice by police officer as there was no injury and damage to the government property, we can make a claim with the insurance company. We agreed to make an insurance claim to his insurance company. The lorry number plate is GBB 9556 U driven by Ng Keng Meng (lc no: S25058931).

I wish to state that there have a witness named May Yap Cui Xuan (lc no: S1707414H).

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



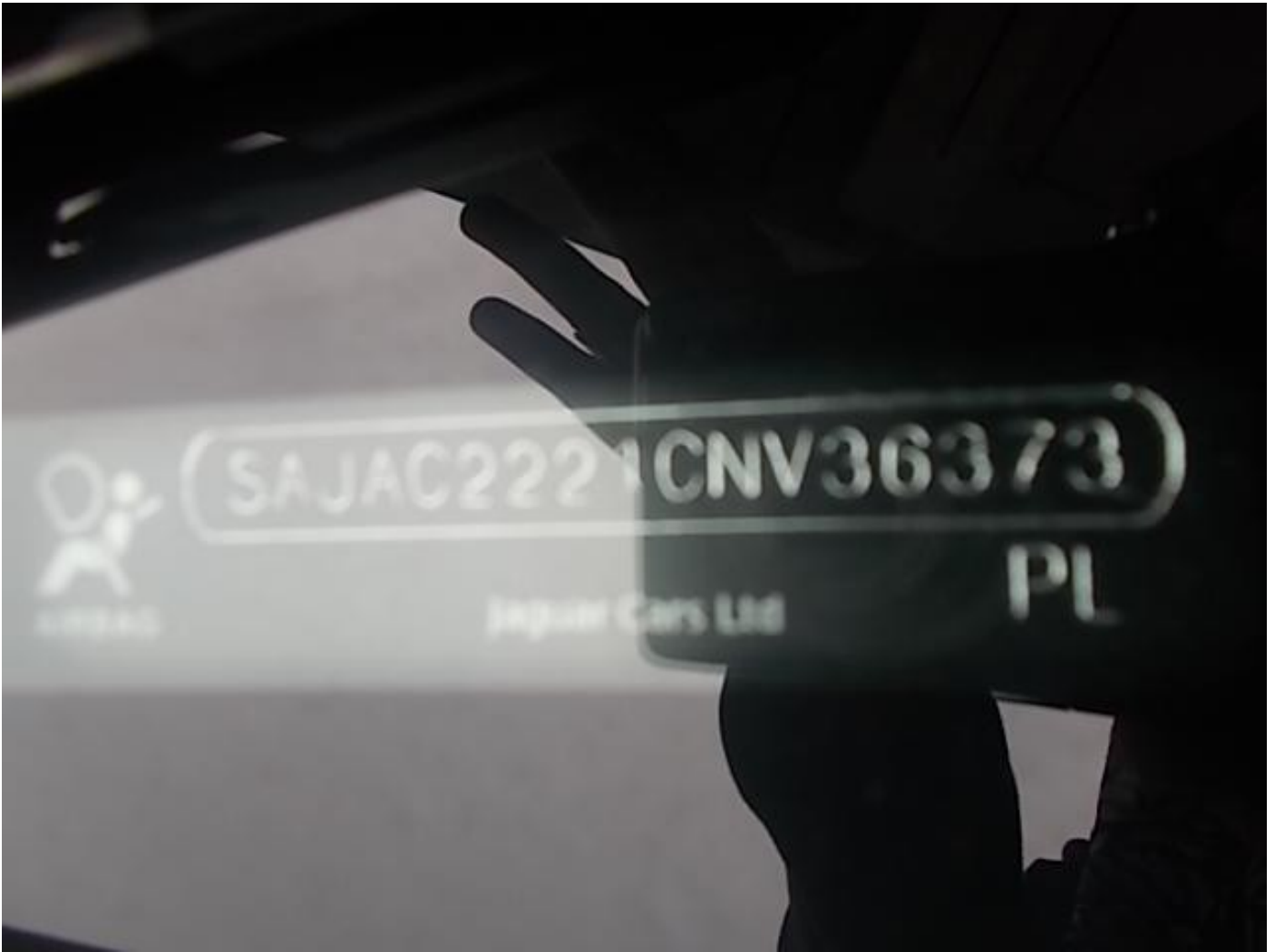
Accident Photo



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 : MNA119147654 Vehicle Registration No: SKD 4233 S
Name (as shown in NRIC) : Ng Ai Ling Joyce NRIC/FIN/Passport No : S 7725053 J
(*Vehicle Driver /-Vehicle Owner) (*) Please delete as appropriate
Address : Blk 13 Sengkang East Avenue #14-10 Singapore (944805)
Contact (Tel) : - Mobile No.: 9108 0101
Email Address : -
Date of Accident : 02.11.2019 Time of Accident : 1350 hours
Place of Accident : URA Carpark No J0122 at 295 Jalan Kayu
Insurance Company: China Taiping

(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:

The relationship between owner and driver : Owner is brother of
the driver.

Policyholder / Driver's Signature
Date:

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