

## 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	13/11/2019 17:05
Date Of Accident	13/11/2019 11:30
Exact Location Of Accident	OPEN CP AT BLK 2 DEFU LANE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV6663Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN AIK PENG
NRIC No	S1731723G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96300583
Alternative Phone No	OTHERS-96300583
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5021930884-12
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN AIK PENG
NRIC No	S1731723G
Date Of Birth	01/10/1965
Occupation	INDOOR
Date Of Driving Pass	15/11/1983
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96300583
Fax Number	
Contact Number	OTHERS-96300583
EEmail Address	NOEMAIL

Address	BLK 405 #19-265 SIN MING AVENUE SIN MING GARDEN
Postcode	570405
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	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

REFER ATTACHED;

#### 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	GBB6703G
Vehicle Make/Model/Colour	NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

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7. By the lodging of this report to the insurers, you hereby consent to the forwarding of this report to the centre and to copies of the report being made available aforesaid.
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 claim;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claims (including the making 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 a vehicle (mail or package); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
  - (b) Insurer(s) who have insured vehicle(s) involved in the 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/are disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their workshop/law firm), which may be sites outside of Singapore, for the purposes of the above Purposes.
  - (d) my Personal Information shall be collected and used to enable the Insurers to carry out the purposes of fraud detection, claims and management of present and all future claims.
  - (e) the information collected under (d) and (c) 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:

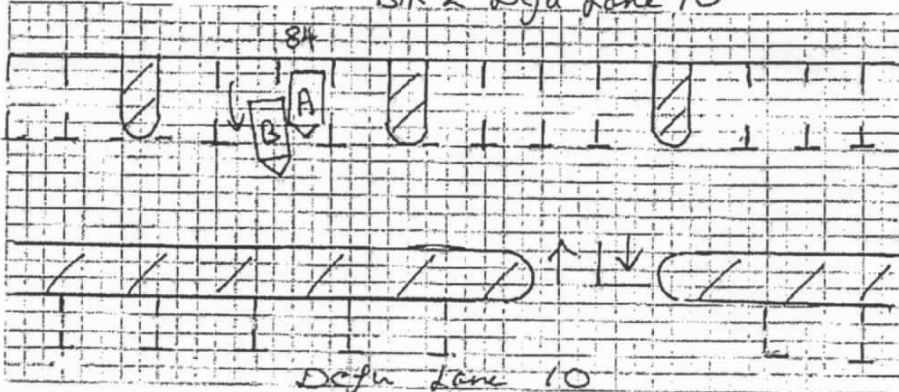
IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackbuitidac.com.sg](mailto:vackbuitidac.com.sg)  
Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No.:

11 JUL 2010

# Accident Sketch Plan

SKETCH PLAN

Blk 2 Defu Lane 10



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/11/2019 at about 1130 hrs at Open Car Park at Blk 2 Defu Lane 10. My vehicle was stationary parked at the above mentioned Car Park Lot no. 84 and everything was intact. At about 1130 hrs my staff came to my shop and inform me that my vehicle was hit by another vehicle. I rushed out of my shop and noticed that a Vehicle (B) had collided onto my Right Front Portion of my Vehicle (A) while exiting out from the parking lot on my Right beside my vehicle.

(A) SGV 6663 Z

(B) GRB 6703 G

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

We declare the foregoing particulars are true to the best of our knowledge.

Date & Time

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vark@idac.com.sg](mailto:vark@idac.com.sg)

Reporting Person's Signature  
Name  
NRIC/EPN No.