SINGAPORE ACCIDENT STATEMENT



IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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 witholding 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	14/03/2020 11:14
Date Of Accident	13/03/2020 21:15
Exact Location Of Accident	CARPARK LOT 12 ALONG JALAN RUMIA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ8406C
Insured/Policyholder	
Name Of Registered Owner	TAN WEINI
NRIC No	SXXXX520C
Email Address	FRUITICE7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91053134
Alternative Phone No	OFFICE-91053134
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5115585562
Cover Note Number	
Driver	
Name of Driver	FU EU LEONG ANDY (FU YOULIANG ANDY)
NRIC No	SXXXX234Z
Date Of Birth	29/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2001
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE

(LOCAL) +65-91469844

ANDYFUEL1974@GMAIL.COM

BLK 302 ANG MO KIO AVENUE 3 #03-1844 Address

560302 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - GIRLFRIEND

Insurance Company of Driver's Own Vehicle

2

NO

NO

NO

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

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.

Number of Passengers (Including Driver) n

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

ON 13/3/2020, AT ABOUT 2045HRS, I PARKED MY VEHICLE, SKJ8406C ALONG JALAN RUMIA, AT PARKING LOT 12. IT WAS ON THE LEFT SIDE OF THE ROAD IN FRONT OF SOME HOUSES. I THEN LEFT TO PURCHASE SOME STUFF. AT ABOUT 2115HRS, I RETURNED TO MY CAR TO FIND A CHINESE GUY WAITING FOR ME. HE INFORMED ME THAT EARLIER HE HAD AN ACCIDENT WITH MY PARKED VEHICLE. HE IS MR EDWIN SEAH DRIVER OF SLP3091R IC NO: S1815613Z, AND HE HAD HIT THE RIGHT HAND SIDE OF MY VEHICLE. I NOTICED THAT THERE WERE DAMAGES ON THE RIGHT HAND SIDE OF THE CAR. NO ONE WAS INJURED.

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 SLP3091R

Vehicle Make/Model/Colour NISSAN / QASHQAI

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver **EDWIN SEAH** NRIC/Passport Number SXXXX613Z Contact Number 92391824

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- B. 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:
 - 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:
 - 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.

Policyholger'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	177	
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DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
On 13/3/2020	, at abart 8.45pm, 1 pai	
SKJ 8406C 1	along In Runia, at pallon	es lot 12. H. Nus an
the 18 ft side	of the road in Best 1	of some houses.
1 then left 7	to perchase some stuff	At about, 915 pm.
1 returned to	my car to find a d	
for me. He	M Somed Me that corla	er he had on
arrident with	my perfeed reliche. He	
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side of m		that there were
damages or	the right hard side	of the cor.
No one WA	injured.	1, 22
	my service.	
DECLARATION		
	culars are true in every respect.	
Ander	1/	\sim
Mind		
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
	Date & Time:	Name: NRIC/FIN No.: