

**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 ability.
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 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	09/12/2014 16:44
Date Of Accident	05/12/2014 17:05
Exact Location Of Accident	YISHUN CENTRAL BLK 925 MULTI STOREY CARPARK
Country/State of Loss	Singapore

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SJP7452E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG WEI HANG
NRIC No	S8302859I
<b>Vehicle Particulars</b>	
Manufacturer	SUBARU
Model	WRX STI
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	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	5066588471
Cover Note Number	
<b>Driver</b>	
Name of Driver	YONG WEI HANG
NRIC No	S8302859I
Date Of Birth	19/01/1983
Occupation	Indoor
Date Of Driving Pass	11/03/2011
Driving Experience	3 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-91820211
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 805 YISHUN RING ROAD #11-4277
Postcode	760805
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- Head to Side
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

#### 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 REFER TO THE SKETCH.

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG5290B
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Name of Driver	YAN CHUN AN
NRIC/Passport Number	S1375797F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**SKETCH PLAN**

**IMPORTANT NOTICE**

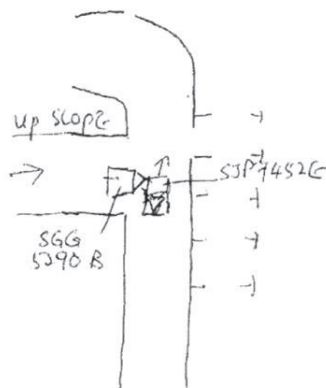
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



### Sketch Plan Pg.2

Describe Circumstances of the Accident

AFTER I DROVE UP TO MSCP LEVEL 2, I STOP MY VEHICLE AND  
WANTED TO REVERSE INTO PARKING LOT, VEHICLE SGG 5390 B, DROVE UP  
FROM THE SLOPE AND HIS VEHICLE FRONT GRABBED ONTO MY VEHICLE REAR  
BUMPER.

## Declaration

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

楊偉輝 9/2/14

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Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel