#### SINGAPORE ACCIDENT STATEMENT

# **IMPORTANT NOTICE**

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be  $\overline{\text{completed}}$  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 consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/05/2020 16:23
Date Of Accident	21/05/2020 11:55
Exact Location Of Accident	CARPARK AT ANG MO KIO ST 54 BETWEEN BLK 554 & 556
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCW2009G
Insured/Policyholder	
Name Of Registered Owner	LEONG POH CHYE EDMUND
NRIC No	S1646962I
Email Address	ELEONGPC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97827966
Alternative Phone No	OTHERS-97827966
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 1400CC
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	5069077359-05
Cover Note Number	

# Driver

Name of Driver LEONG POH CHYE EDMUND NRIC No S1646962I Date Of Birth 20/09/1964

**INDOOR** Occupation **Date Of Driving Pass** 13/11/1991

**Driving Experience** 28 YEARS AND 6 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-97827966

Fax Number

Contact Number OTHERS-97827966

**EMail Address** ELEONGPC@GMAIL.COM Address BLK 553 #21-1992

ANG MO KIO AVENUE 10

Postcode 560553

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

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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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO NO

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] ANG MO KIAO SOUTH NPC - S/D REF 55

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

I was leaving the Car-park (SCW2009G) and was driving straights toward the Entrance / Exit of the Car-park. I notice a Vehicle (SLJ6832G) on my left side heading towards the Stop-Line. I slow down further and continue driving toward the Entrance / Exit. The next moment, before I could do anything, I was hit on the left side of my car. The impact pushes my car slightly to the right of the driveway. I exit my car to check on the impact and the indent was quite significant. The driver from SLJ6832G exit from her car and apologies immediately. She suggested we settle on our own but I told her the impact seems significant to my entire left door and advise her we should let the Insurance company review the case. And I told I will be doing a police report first. We exchanged details. But I could not leave the Car-park immediately as her car has stalked. It took sometime and a few good man to help push her car away before I could leave the Car-park. By these time, there were already several vehicles waiting to enter and exit the Car-park. I went to do a police report immediately after this accident.

# 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 SLJ6832G

Vehicle Make/Model/Colour

our

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

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- The 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.
- By the lodgment 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:
  - 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.

same as Policyholder

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

Date & Time:

Ang Mo Kio South NPC < Please see attachment>

Reporting Centre Personnel's Signature

Name: SGT Sean Kiam

NRIC/FIN No.:

GIARMC SketchPlanForm, V3

Policyholder's Signature

Date & Time: 22-May-20/10am

# Sketch Plan #2



## **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was leaving the Carpark (SCW2009G) and was driving straights toward the
Entrance / Exit of the Carpark. I notice a Vehicle (SLJ6832G) on my left side heading towards
the Stop-Line. I slow down further and continue driving toward the Entrance / Exit. The next
moment, before I could do anything, I was hit on the left side of my car. The impact pushes my
car slightly to the right of the driveway. I exit my car to check on the impact and the indent was
quite significant. The driver from SLJ6832G exit from her car and apologies immediately. She
suggested we settle on our own but I told her the impact seems significant to my entire left
door and adivse her we should let the Insurance company review the case. And I told I will be
doing a police report first. We exchanged details. But I could not leave the carpark immediately
as her car has stalked. It took sometime and a few good man to help push her car away before
I could leave the carpark. By these time, there were already several vehicles waiting to enter and
exit the carpark. I went to do a police report immediately after this accident.

# DECLARATION

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

Policyholder's Signature Date & Time: 22-May-20 / 10am same as Policyholder

Driver's Signature (If driver is not the policyholder) Date & Time: Ang Mo Kio South NPC < Please see attachment>

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

GIARMC SketchPlanForm\_V