

## 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	11/07/2020 14:08
Date Of Accident	09/07/2020 18:00
Exact Location Of Accident	AT JUNC OF PANDAN GARDENS & SIDE RD OF P.CRESENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFD89C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY TIEN CHENG
NRIC No	S1829794I
Email Address	TREADNEEDLE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82549889
Alternative Phone No	OTHERS-82549889

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8X A
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5110828320
Cover Note Number	

### Driver

Name of Driver	TAY TIEN CHENG
NRIC No	S1829794I
Date Of Birth	27/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1993
Driving Experience	27 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-82549889
Fax Number	
Contact Number	OTHERS-82549889
Email Address	TREADNEEDLE@YAHOO.COM.SG

Address	BLK 138C #22-135 YUAN CHING ROAD
Postcode	613138
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	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	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)	2
Passenger 1	NAME: : GRAB PASSENGER GENDER: : FEMALE

#### 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	SKB7746U
Vehicle Make/Model/Colour	HYUNDAI / ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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)	

## Accident Sketch Plan

### SKETCH PLAN

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7. 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:
  - (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:

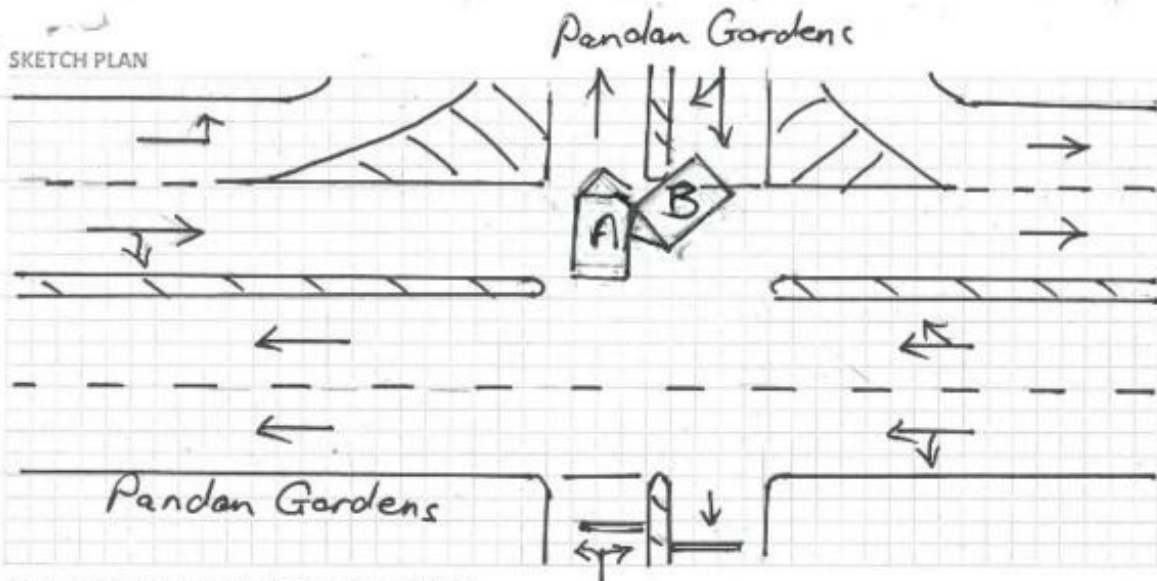
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 11 JUL 2020

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/07/2020 at about 1800 hrs at Junction of Pandan Gardens and side road of Pandan Gardens. I was entering into the side road of Pandan Gardens from the main road of Pandan Gardens and suddenly a Vehicle (B) from the side road making a Right turn into the main road without giving way to my oncoming traffic and hence collided onto my Left Front Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle and can be my witness.

(A) SFD 89 C

(B) SKB 7746 U

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

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:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11 JUL 2020



WITNESS STATEMENT

STATEMENT OF A WITNESS TO AN ACCIDENT

NAME OF WITNESS: Giminna Leo

NRIC/PASSPORT NO: S - 687B

ADDRESS : 405 Pandan Gardens

#13-30

TELEPHONE NO : 96526208

E-MAIL ADDRESS : gimn@yahoo.com

BRIEF FACTS : A motor accident has taken place on 09/07/2020 at about 1800hr

along/at junction/location of Pandan Garden and side road of Pandan Gardens

between vehicle SFD89C and vehicle SKB7746U. I am an eye-witness/  
passenger in the taxi and I wish to recount its happening as follows:-

I was the passenger of SFD89C (vehicle A) through Grab.  
On 09/07/2020 at about 1800hrs at Junction of Pandan  
Gardens and the side road of Pandan Gardens we were  
about to enter into the side road of Pandan Gardens from  
the main road of Pandan Gardens and suddenly a vehicle (B)  
from the side road making a right turn into the main road  
without giving way to us and hence collided onto the  
left front portion of vehicle (A) causing damages to the  
vehicle.

I affirmed the above statement true and correct.



Name: Giminna Leo

Date: 11th Jul 2020

Accident Photo





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 #12-00 Singapore 348580  
 Tel (65) 6224 2010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UIN: 6665500200 / GST Reg. No.: T4420017725

**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 : MVA 320058594 Vehicle Registration No: SFD 89C  
 Name (as shown on NRIC) : TAY TIEN CHENG NRIC/FIN/Passport No : S18297941  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address : BLK 138C YUAN CHIAH ROAD #22-135 Singapore: 613139  
 Contact (Tel) : \_\_\_\_\_ Mobile No.: 8254 9889  
 Email Address : \_\_\_\_\_  
 Date of Accident : 9/7/2020 Time of Accident : 18:00  
 Place of Accident : AT JUNCTION OF PANDAN GARDENS AND SIDE ROAD  
 Insurance Company: NTHC OF PANDAN GARDENS.

### (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:

I WISH TO AMEND BELOW MENTIONS.

ADD WITNESS STATEMENT.

Policyholder / Driver's Signature  
 Date:

17 JUL 2020

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