

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	21/08/2020 16:41
Date Of Accident	20/08/2020 10:30
Exact Location Of Accident	BLK 473A PASIR RIS DRIVE 6 MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU390J
Insured/Policyholder	
Name Of Registered Owner	NG JIA JUN DARYL
NRIC No	SXXXX459I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90069474
Alternative Phone No	OFFICE-90069474

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE

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	5118384138
Cover Note Number	

Driver

Name of Driver	NG JIA JUN DARYL
NRIC No	SXXXX459I
Date Of Birth	07/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2012
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90069474
Fax Number	
Contact Number	OFFICE-90069474
EMail Address	NOEMAIL

Address BLK 467 PASIR RIS DRIVE 6 #12-420
 Postcode 510467
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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) 1

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

ON 20/08/2020 AROUND 10.30AM, MY VEHICLE (SMU390J) WAS PARKED STATIONARY AT BLK 473A PASIR RIS DRIVE 6 MULTI STOREY CARPARK. VEHICLE B (GZ1281D) ATTEMPTED TO PARK HIS VEHICLE HEAD IN BESIDE MY VEHICLE AND KNOCKED ONTO THE FRONT RIGHT OF MY VEHICLE CAUSING DAMAGES TO THE FRONT RIGHT PORTION OF MY VEHICLE. I MANAGED TO CONTACT VEHICLE B (GZ1281D) COMPANY PERSON IN CHARGE AND WE PROCEED WITH INSURANCE CLAIM.

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 GZ1281D
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 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)

Sketch Plan Pg. 1

SKETCH PLAN

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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/are 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 stored / 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:

21/08/20
 15 40


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

21/08/20
 15 40

Reporting Centre Personnel's Signature
 Name:
 NRIC/PIR No.:



Sketch Plan #2 Pg. 1

SKETCH PLAN

IN BLK 473A
PASIR RIS DR 6
MSCP



A: SMU 390J
B: GZ 1281D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20/08/2020, AROUND 1030AM, MY VEHICLE, SMU 390 J, WAS PARKED STATIONARY AT BLK 473A PASIR RIS DRIVE 6 MULTI STOREY CAR PARK. VEHICLE, GZ 1281 D, ATTEMPTED TO PARK HIS VEHICLE HEAD IN BESIDE MY VEHICLE, AND KNOCK ONTO MY FRONT RIGHT OF MY VEHICLE, CAUSING DAMAGE TO MY FRONT RIGHT OF MY VEHICLE..

I MANAGE TO CONTACT VEHICLE, GZ 1281 D, COMPANY PERSON IN CHARGE, AND WE PROCEED WITH INSURANCE CLAIM.

DECLARATION

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


Policyholder's Signature
Date & Time:

21/08/20
1540


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

21/08/20
1540

Reporting Centre Personnel's Signature
Name:
NIC/PP No.: