

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	22/08/2020 09:46
Date Of Accident	21/08/2020 10:05
Exact Location Of Accident	AMOY STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2990L
Insured/Policyholder	
Name Of Registered Owner	ORFEOSTORY PTE. LTD.
Co Reg No	2XXXXX968W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67441123
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	VOLKSWAGEN / SCIROCCO 1.4L AT TSI 1372Q5
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	5115018897
Cover Note Number	

Driver

Name of Driver	HENG HAO TECK, DESMOND(WANG HAODE)
NRIC No	SXXXX105C
Date Of Birth	25/02/1991
Occupation	INDOOR
Date Of Driving Pass	25/05/2012
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97203540
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 646 PUNGGOL CENTRAL #18-356
Postcode	820646
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 REAR
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

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	SKR534B
Vehicle Make/Model/Colour	AUDI / A3 CABRIOLET 1.4 TFSI (CZC)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YI LUH
NRIC/Passport Number	
Contact Number	90270537
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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THE SIGNATURE OF THE POLICYHOLDER OR THE AUTHORIZED DRIVER MUST BE ENTERED IN THE SPACE PROVIDED FOR THE SIGNATURE OF THE POLICYHOLDER OR THE AUTHORIZED DRIVER IN THE REPORT BEING MADE AVAILABLE TO OTHERS.

Consent under the Personal Data Protection Act (PDPA)

I/We, the undersigned, agree to consent that:

- (a) my insurer(s), 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 that may be provided to them by me or received by them 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 purposes 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 claim;
 - (iii) carrying out and/or dealing with my instructions in accordance to my requests 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 be permitted to collect, use, disclose and/or process my Personal Information for the purposes of the above "Purposes".
- (c) my Personal Information may also 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;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, law 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:
NUC/RN No:

22 AUG 2020

Accident Sketch Plan

SKETCH PLAN

Amoy Street
→

TRUCK
A48R
STREET ↑



A - SRG 390L
B - RCR 534B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/08/20 at 10:15am I was driving along Amoy Street. When I was about to turn right I stop to check for incoming vehicle. Suddenly I heard a loud bang from the big vehicle B (RCR 534B) had collided with my vehicle my vehicle is damage due to this accident I also feel my neck pain after the accident and seeking to see doctor after the report

DECLARATION

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



Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAG KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sg

Reporting Person's Signature

Name:

NRIC/FIN No.:

22 AUG 2020