

## 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	14/09/2020 12:31
Date Of Accident	13/09/2020 10:00
Exact Location Of Accident	CLEMENCEAU AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2997T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA CHEE SENG (XIE ZHISHENG)
NRIC No	SXXXX282J
Email Address	ALANCHIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90017992
Alternative Phone No	Others-90017992

### Vehicle Particulars

Manufacturer	MAZDA
Model	6-2.5 SEDAN SP.6EAT SR LED (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115449990 DC
Cover Note Number	23/01/2020 - 22/01/2021

### Driver

Name of Driver	CHIA CHEE SENG (XIE ZHISHENG)
NRIC No	SXXXX282J
Date Of Birth	05/01/1977
Occupation	INDOOR
Date Of Driving Pass	23/11/2000
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90017992
Fax Number	
Contact Number	OTHERS-90017992
E-Mail Address	ALANCHIA@GMAIL.COM
Address	BLK 204C PUNGGOL FIELD #06-346
Postcode	823204
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	RAINING
Road Surface	WET

**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)	3
Passenger 1	Name: : ALEXIS Gender: : Female
Passenger 2	Name: : BRYAN Gender: : Male

**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**

I WAS DRIVING ON THE EXTREME RIGHT LANE OF CLEMENCEAU AVE WHEREBY I FELT A SUDDEN IMPACT AND REALISED MOTOR TAXI SHC8735A HAD DROVE DIAGONALLY FROM 3RD LANE TO 1ST LANE AND COLLIDED ONTO MY CAR REAR LH PORTION. NO ONE WAS INJURED.

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: RETRIEVING

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SHC8735A
Vehicle Make/Model/Colour	HYUNDAI BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA YEW CHAI
NRIC/Passport Number	SXXXX095H
Contact Number	
Address	BLK 530 BEDOK NORTH ST 3 #03-640
Postcode	460530
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

**SKETCH PLAN**

1. VEHICLE NO.: SKZ 2997T  
2. INSURER CO.: NTUC  
3. ACCIDENT DATE & TIME: 13/09/2020 @ 1000

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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/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: 14/09/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

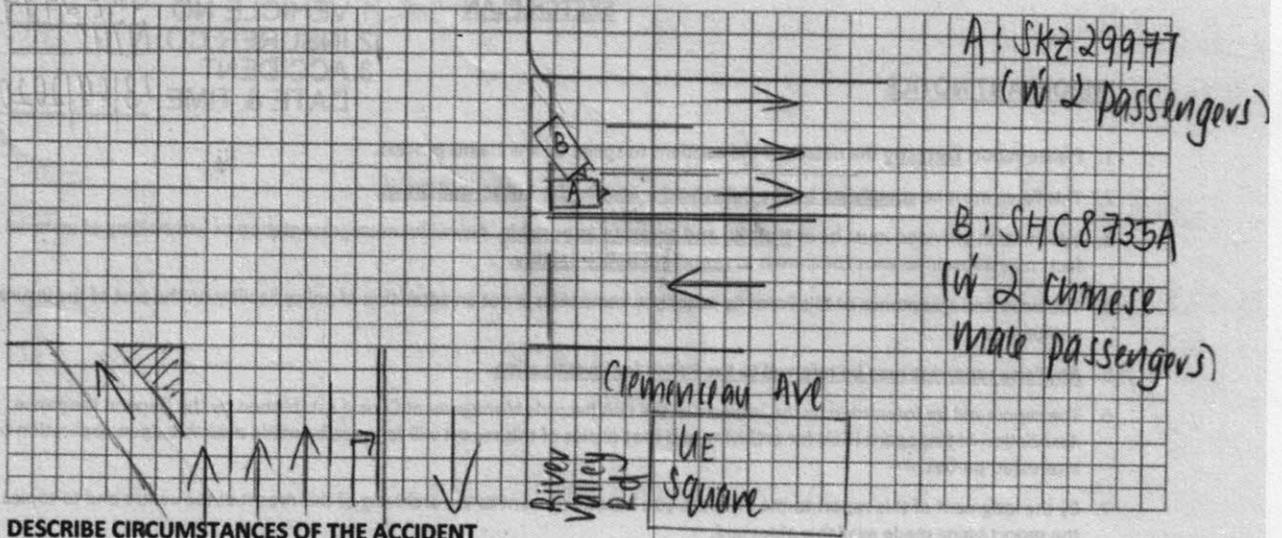
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Danyu Wang  
14/09/2020

**SKETCH PLAN**



A: SKZ2997T  
(w/ 2 passengers)

B: SHC8735A  
(w/ 2 Chinese male passengers)

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Vehicle No: SKZ2997T (NTUC)  
 Date & Time: 13/09/2020 @ 1000 (raining/wet)

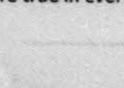
I was driving on the extreme right lane of Clemenceau Ave whereby I felt a sudden impact and realised w/Taxi SHC8735A had drive diagonally from 3rd lane to the 1st lane & collided onto my car rear LH portion. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with 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:

  
 Reporting Centre Personnel's Signature  
 Name: (AMK)  
 NRIC/FIN No.:

GIARMC SketchPlanForm\_V3 ( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
 ( ) Claim OD/TP at other workshop ( )