

## 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	17/09/2020 17:28
Date Of Accident	11/09/2020 13:55
Exact Location Of Accident	31 WOODLANDS CLOSE #02-23 LOT 89
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW9669Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAI JIE FENG
NRIC No	SXXXX253C
Email Address	JFCAI1985@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91091901
Alternative Phone No	OFFICE-91091901

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5114824935
Cover Note Number	

### Driver

Name of Driver	CAI JIE FENG
NRIC No	SXXXX253C
Date Of Birth	12/08/1985
Occupation	INDOOR
Date Of Driving Pass	01/05/2005
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91091901
Fax Number	
Contact Number	OFFICE-91091901
Email Address	JFCAI1985@GMAIL.COM

Address	BLK 196C PUNGGOL FIELD #11-493
Postcode	823196
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?	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO DIVISION HQ
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT F/20200914/7072

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ6432X
Vehicle Make/Model/Colour	
Details Of Properties	
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)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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4. The issue and acceptance of this Accident Sketch Plan is an admission of policy liability on the part of the insurance company.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Recovery Management Centre established by the General Insurance Association of Singapore (GIA) for each time and the policyholder's report will for a fee be made available upon application by interested parties.
7. By the completion of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of this report being made available afterwards.
8. **Consent under the Personal Data Protection Act (PDPA)**
  - a. I understand, acknowledge, agree and consent that:
    - i. My insurer(s) and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data (personal information put out in this form) and any other personal information provided by me or possessed by my insurer(s) (together, the "Personal Information") and disclose and transfer such Personal Information to a firm(s) who have entered a contract involving in this accident (insurers) and have entered an agreement to provide a service to me (together, referred to as the "Insurers"); the insurers, insurers/law firms, the Insurers' Authority of Singapore and any relevant government agency/body may use the provided Personal Information;  
ii. I am willing to dealing and dealing with my claims including the settlement of the claim and any necessary investigation relating to the claims;  
iii. I understand and consent to the use of my Personal Information for the purpose of:
      - i. collecting, processing and/or using my information to respond to my enquiries to the insurers;
      - ii. collecting, processing and/or using the information of the policyholder's statements, invoices, reports or claims to me, which could involve disclosure of certain personal data about me relating about delivery of the claim as well as on the external board of directors, shareholders, and/or;
      - iii. dealing with appropriate law enforcement agencies, including handling of data dealing with matters relating to the Purpose(s);
  - b. I understand and have entered into a contract with the insurers and the Insurers' Authority, insurers/law firms, insurers permitted to collect, use and/or process my Personal Information for one or more of the above Purpose(s); and
  - c. My Personal Information may be transferred by any of the Insurers and/or its to a third party, service providers or representatives of the Insurers for use or may be used outside of Singapore for one or more of the above Purpose(s).
  - d. My Personal Information may be collected and used to compile a database for the purpose of fraud detection, investigation and management, present and in future time.
  - e. The information collected as stated above may be shared, disclosed:
    - i. to a third party or company, other than insurers, for assisting in settling, investigating, collecting or managing fraud, insurance claims, settlement and government agencies as reasonably required for the purposes stated; or
    - ii. for any legal or regulatory requirements and/or legislative laws and/or orders.

Policyholder's Signature

Date: 20/11/2018

Authorized Driver's Signature

Date: 20/11/2018

Print Name

Reporting Centre Representative's Signature

Date: 20/11/2018

Print Name