

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 Submission	15/12/2020 14:25 (SGT)
Date of Accident	14/12/2020 08:40 (SGT)
Exact Location of Accident	412 Jurong West Street 42, Singapore
Additional Location Information	BLK 412 JURONG WEST ST 42 OPEN CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ5566E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO AIK YOU
NRIC No	SXXXX771B
Email Address	ROCKY.SINGAPURA@GMAIL.COM
Mobile Phone No	(Phone) +65-92345566
Alternative Phone No	+65-92345566

VEHICLE PARTICULARS

Manufacturer	BMW
Model	Activehybrid
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D18MPC0000151_02
Cover Note Number	-

DRIVER

Name of Driver	NEO AIK YOU
NRIC No	SXXXX771B

Date Of Driving Pass	22/06/2005
Driving experience	15 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92345566
Alt. Phone Number	+65-92345566
Email Address	ROCKY.SINGAPURA@GMAIL.COM
Address	BLK 412 JURONG WEST ST 42#04-865
Address complement	-
Postcode	640412
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT 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	SJH7433C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97321624
Address	-
Address complement	-
Postcode	-

Nature Of Damage

-

Details of property damaged in accident

-

No. Of Passenger (Including Driver)

-

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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)

(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.

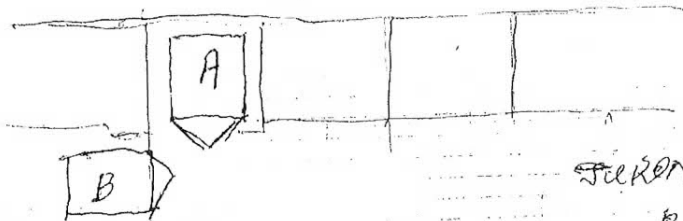
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

Reporting Centre Personnel's Signature
Name:

IDAC BUKIT BATON (VAC)
 511 000 0000 0000
 Tel: 05 332 1111 3312
 Fax: 0569 0722
 Email: vacbb@slngnet.com.sg

SKETCH PLAN



A: ST 5566 E

B: ST 7433 C

JERONG WEST, ST 42

BLK 412

open compound

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 14/12 morning my neighbour called me told me my vehicle was knocked by her neighbour son's car. The father want to talk to me. I ~~met~~ met father and gave him my Handphone number. The B driver called me ~~at~~ about 1 hour later.

He sent me an acknowledged message about the accident & my vehicle ST 7433 C this morning 8:40am driving out of the parking lot, then a taxi ST 7213 M hit my car causing my car hit your ST 5566 E. I am Tan Tek Hing 8888 2638 E.

DECLARATION

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

[Signature] 15/12/2020

IOAC BUKIT BATOK (VAC)
511 8888 8823
Tel: 5569 5421 / 5569 3312
Fax: 5569 6722
Email: vacbb@singnet.com.sg

