# **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 witholding 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 22/12/2020 11:30 (SGT) Date of Accident 21/12/2020 15:10 (SGT) Exact Location of Accident Orchard Rd, Singapore Additional Location Information INFRONT OF PLAZA SINGAPURA Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKZ5545U

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WONG CHAT WENG NRIC No. SXXXX835J Email Address neohweekeng@gmail.com Mobile Phone No (Phone) +65-97899733 Alternative Phone No +65-96803048

# VEHICLE PARTICULARS

Manufacturer Toyota Model Wish 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 - Reporting only Vehicle Category Private car

## INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5115767680 Cover Note Number

#### DRIVER

Name of Driver **NEO HWEE KENG** NRIC No SXXXX782C Date Of Birth 30/09/1966 Occupation Indoor

Date Of Driving Pass 12/06/1992 Driving experience 28 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-96803048 Alt. Phone Number Email Address neohweekeng@gmail.com Address **BLK 94 HAVELOCK ROAD** Address complement #18-573 Postcode 160094 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **DAUGHTER** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration NumberSMU8514SVehicle ManufacturerBMWVehicle Model320iVehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of DriverPHUA YONG GUANG DAVIDNRIC NoSXXXX394G

Contact Number	(Phone) +65-96466658
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Formmust be <u>competed by the Policyholder and/or the Authorised Driver.</u>
3. Information provided must be a <u>stuffield and accordance as possible.</u> Any will ulmisrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability.</u>
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. The report will be forwarded by the insurers of the GAI Records Management Centre established by the General Insurance Association of Singapore (GAI) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the bodgment 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 afforces that.
8. Consent under the Personal Data Protection Act (PDPA)
1 understand, acknowledge, garee and consent that.
(a) My insurer, my workship and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal adaptersonal information and sociation and consent that information and any factors and reproduced by the process of the provided by me or possessed by my suruer (collectively the "Personal Information") and collective who have insured vehicles) involved in the accident and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.

the claims:

(i) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(ii) 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 invoive deciousure of certain personal data doubt me to bring about delevery of the same as well as or 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")

(s) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information myschole or one or more of the above Purposes; and

(c) my Personal Information myschole be disclosed by any of the histurers' and/or GNA to their third party service providers or agents (notuding their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time Sketch Plan OKCURO & Jastan AL Disas A Court A AB | A | A) SKZ 5545U B) SMU 8514S Bus

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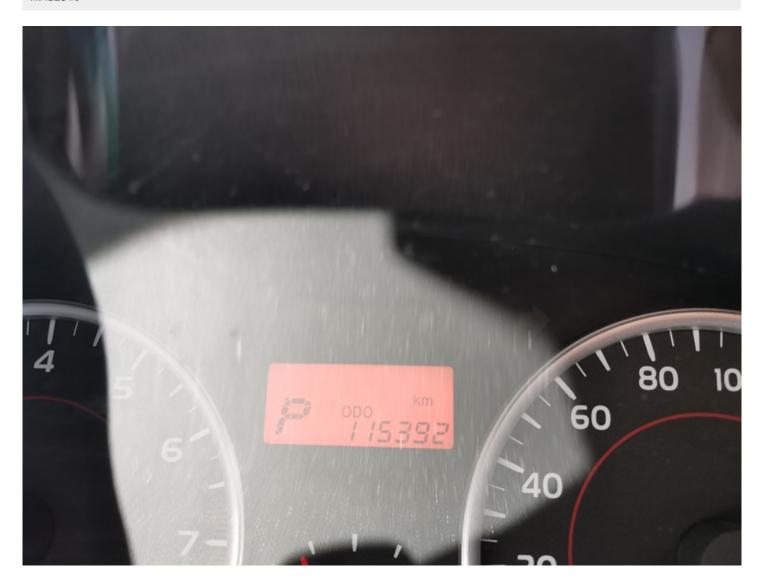




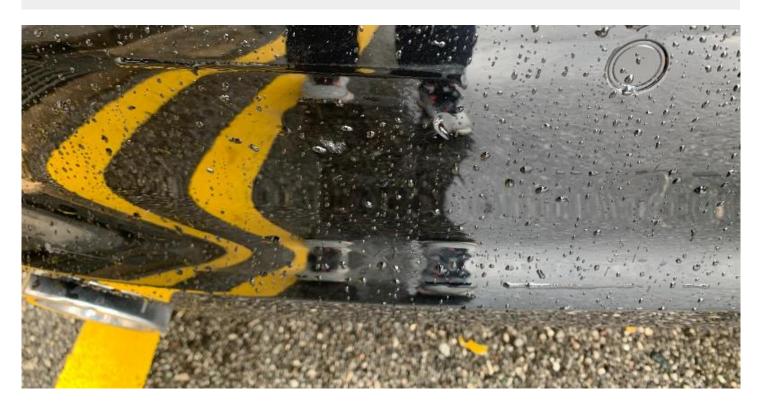
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 5 mills (aug #18:05 General 0.0555).

SINGAPORE RECORDS MANAGEMENT CENTRE 1 mills (61:024.001).

Operating Hours: Monday to F-140y, (90:00 - 17:00).

Operating Hours: Monday to F-140y, (90:00 - 17:00).

	ADDENDUM
	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
,	Original Report No: SNO SO CM DOOZ
	Name(as shown in NRIC): Who HWAK (4NK NRIC/FIN/PassportNo: SXXXX/J)C
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address :
	Contact (Tel) :Wobile No
	Email Address :
	Date of Accident
	Place of Accident: Claybaco Ko Jayfaan of Koras Singhafa
	Insurance Company:NMC
(B	ADDITIONALINFORMATION / AMENDMENTS:
	ApplitionALINFORMATION / Application of the above mentioned accident and would like to include additional information make the following amendments:
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	Redoring Centre Personnel's Signature