# **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.

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   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 07/12/2020 18:32 (SGT) Date of Accident 05/12/2020 10:20 (SGT) Exact Location of Accident Bencoolen St, Singapore Additional Location Information **TOWARDS FORD CANNING** Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMC70511

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JEROME TAN LIZHI NRIC No SXXXX919C Email Address jerometan999@gmail.com Mobile Phone No (Phone) +65-89495068 Alternative Phone No +65-89495068

#### VEHICLE PARTICULARS

Manufacturer Audi Model A5 Variant Exact purpose for which vehicle was being used at time of accident Private hire 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 **NTUC** Type of Coverage Comprehensive Fleet Policy Policy Number 5118837474 Cover Note Number

## DRIVER

Name of Driver JEROME TAN LI ZHI NRIC No SXXXX919C Date Of Birth 11/06/1999 Occupation Indoor

Date Of Driving Pass 15/03/2018 Driving experience 2 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-89495068 Alt. Phone Number +65-89495068 Email Address jerometan999@gmail.com Address 30 LIMAU TERRACE Address complement Postcode 465823 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 Collision - Major/Minor Rd Weather Conditions Clear Road Surface Dry 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 **UNKNOWN** 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? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number	SLC8683T
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	_

Address	 	_
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. This Form must be completed by the Policyholder and/or the Authorised Driver. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to genudiate 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. Any false reporting may be referred to the Police for investigation. 5. The report will be forwarded by the inverse of the file Records Management Centur established by the General Insurance Association of Singapore (Gill) for archiving and that copies of this report will for a fee be made available upon application by interested parties. By the lodgment of this report to the intilizers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aloresaid. 8. Consent under the Personal Data Protection Act (PDPA) I understand, acknowledge, agree and consent that: Understand, acknowledge, agree and consent that: (a) My insure, my workshipp and the finered insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/precessal information and the state of processing, handling and/or dealing with my claims including the settlement of the claims and any neinvestigations 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; (v) administrating my claims (including the mailing of corresponding to any enquiries by me; (vi) administrating my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invoice 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 insures(s), who have insured vehicle(s) involved in this accident and the insurers' isovers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and to crimect, us\_quasces analysis process any examinary mornishing an observation of one till solver surploses, and or my Personal information analysis has disclosed by any of the insures and/or Gill at their third party service providers or agents (including their lawyers/law firms), which may be sitted outside of Shagapors, for one or more of the above Purposes 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.



















