

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 16/12/2020 12:18 (SGT)
Date of Accident 15/12/2020 18:45 (SGT)
Exact Location of Accident 88 Amoy St, Singapore 069907
Additional Location Information AMOY STREET OPEN CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ8325T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA CHENG CHYE RONALD
NRIC No S1408027I
Email Address ROBINCHUA1998@GMAIL.COM
Mobile Phone No (Phone) +65-83812070
Alternative Phone No +65-83812070

VEHICLE PARTICULARS

Manufacturer BMW
Model 316i
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 NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119860959(COMP)
Cover Note Number -

DRIVER

Name of Driver CHUA ENG KIAT ROBIN JAMES
NRIC No S9826292Z
Date Of Birth 28/07/1998
Occupation Indoor

Date Of Driving Pass	11/01/2019
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97689631
Alt. Phone Number	-
Email Address	ROBINCHUA1998@GMAIL.COM
Address	BLK 14 #07-180 MARINE TERRACE MARINE TERRACE BREEZE
Address complement	-
Postcode	440014
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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	SMD4299D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98771160

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT NOTICE

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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.

IDAC BUKIT BATOK (VAC)

511 Bukit Batok St 23


Singapore 659175

Tel: 6597 8427 / 6597 3312

Fax: 6599 0722

Email: vacbb@singnet.com.sg

Policyholder's Signature
Date & Time:

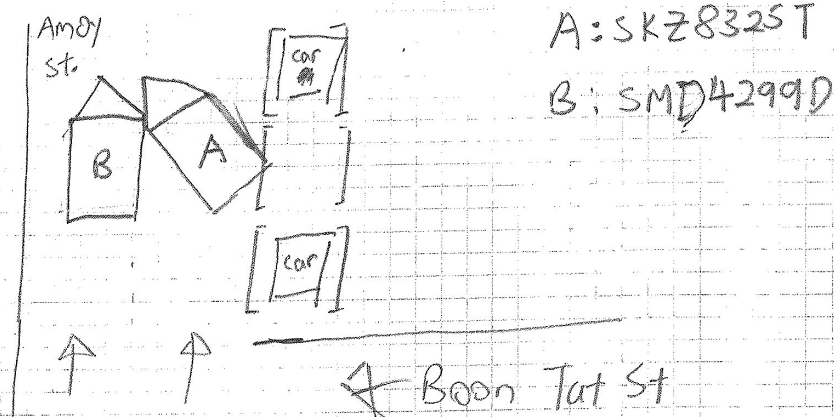


Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

16/12/2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 6:45pm, I was stopped along Amoy Street getting ready to parallel park. I turned on my hazard light to indicate that I was intending to park my car.

As soon as I started reversing, SMD4299D attempted to go through the lane on my left.

A SMD4299D attempting to squeeze through what little space there was, a collision occurred.

DECLARATION

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

[Signature]

16/12/2020

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659505
Tel: 6567 9427 / 6560 3312
Fax: 6569 0722
Email: vacbb@singnet.com.sg



















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SKZ 8325 T
Name (as shown in NRIC) : Luo Ery Kiat, Robin James NRIC/FIN/Passport No : S9826292 Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : B1K27 Marine Crescent #10-05 Singapore (440027)
Contact (Tel) : 62459784 Mobile No. : 97689631
Email Address : robinchuei1998@gmail.com
Date of Accident : 15/12/2020 Time of Accident : 1900
Place of Accident : Amoy Street
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I had initially drawn Amoy St as 2 lanes when the road only had one lane. I
was mistaken and wish to amend the drawing to be accurate of the road
conditions.


Policyholder / Driver's Signature
Date: 22/12/2020

IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 658545
Tel: 6567 9427 / 6580 3312
Fax: 6569 0722
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____