

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	30/12/2020 09:39 (SGT)
Date of Accident	29/12/2020 14:05 (SGT)
Exact Location of Accident	Simei Street 4, Singapore
Additional Location Information	CARPARK BETWEEN BLK 230 & 234
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT8787Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HIAN SIONG
NRIC No	SXXXX894F
Email Address	jasontan88@ymail.com
Mobile Phone No	(Phone) +65-86688787
Alternative Phone No	+65-86688787

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 - Reporting only
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109421226-01
Cover Note Number	-

DRIVER

Name of Driver	TAN HIAN SIONG
NRIC No	SXXXX894F
Date Of Birth	09/05/1975
Occupation	Outdoor

Date Of Driving Pass	14/01/1994
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86688787
Alt. Phone Number	+65-86688787
Email Address	jasontan88@ymail.com
Address	26 FERNWOOD TERRACE
Address complement	#03-04
Postcode	458555
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	No Collision
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SAM TAN
Gender	Male

PASSENGER 2

Name	JUDY
Gender	Female

PASSENGER 3

Name	FELICIA
Gender	Female

PASSENGER 4

Name	EOS
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

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU1142C
Vehicle Manufacturer	-
Vehicle Model	-
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**

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8. **Consent under the Personal Data Protection Act (PDPA)**

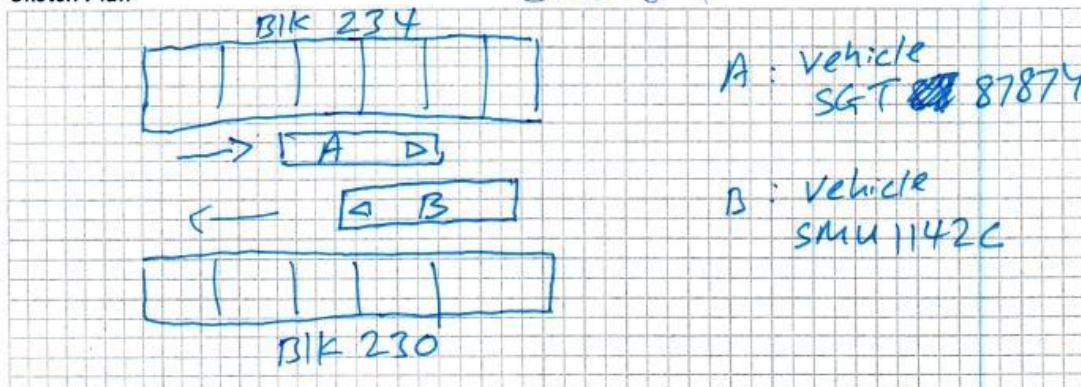
I understand, acknowledge, agree and consent that:

- (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.

CKK 29/12/2020
 Policyholder's Signature / Date & Time
 1500h1

Driver's Signature (If driver is not the policyholder) / Date & Time
 SIMER SF 4

Witnessed by Reporting Centre Personnel
 shyn 20/12/20

Sketch Plan

Describe Circumstances of the Accident

On 29/12/2020 around ~~1405~~ 1405hr, I was travelling at SIMEI STREET 4 carpark between BLK 230 and BLK 234. When I saw vehicle B approaching my direction, I slow down and stopped for him to pass through. I did not feel any impact on my vehicle. After vehicle B driver pass through, I saw him come out from his vehicle and check his right side mirror. I did approach him and also ask him to check my right side ~~side~~ mirror also. Both side checked no damages and we both drive off. I made this report for record purpose.

Declaration

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

CKK 29/12/2020
 Policyholder's Signature / Date & Time
 1500h

Driver's Signature (If driver is not the policyholder) / Date & Time

afym 30/12/20
 Witnessed by Reporting Centre Personnel



