

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 29/12/2020 14:43 (SGT)
Date of Accident 27/12/2020 13:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 111 YISHUN RING ROAD CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR8641Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LI YONG YU
NRIC No SXXXX093D
Email Address lyy_@live.com
Mobile Phone No (Phone) +65-91185584
Alternative Phone No +65-91185584

VEHICLE PARTICULARS

Manufacturer BMW
Model 218i
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 5118159608
Cover Note Number -

DRIVER

Name of Driver LI YONG YU
NRIC No SXXXX093D
Date Of Birth 01/02/1982
Occupation Outdoor

Date Of Driving Pass	15/05/2001
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91185584
Alt. Phone Number	+65-91185584
Email Address	lyy_@live.com
Address	BLK 628 HOUGANG AVE 8 #06-120
Address complement	-
Postcode	530628
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	Hit and run / Vandalism / Damaged whilst parked
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ALOYSIUS LI FENG YUAN
Gender	Male

PASSENGER 2

Name	LUCIUS LI FENG ZUO
Gender	Male

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

PLEASE REFER TO ATTACHMENT

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	SJK2544H
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH XUE WEN CHRISTYCIA
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

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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.



Policyholder's Signature / Date
& Time

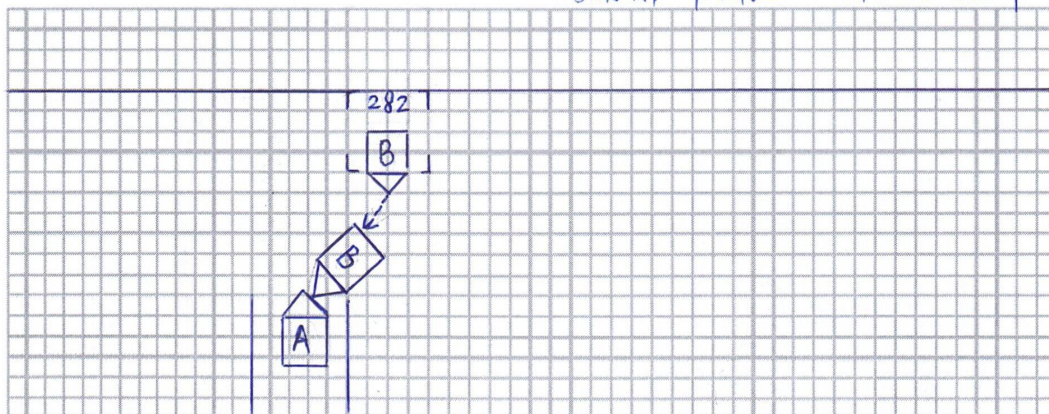


Driver's Signature (If driver is not policyholder) /
Date & Time

Witness by Reporting Centre
Personnel

Sketch Plan

BLK 111 YISHUN RING ROAD CAR PARK



A : SKR 8641 Y

B : SJK 2544 H

Describe Circumstance of Accident

MY VEHICLE AT PICK UP/DROP OFF POINT WHILE ALIGHTING MY SONS AT BLK 111 YISHUN RING ROAD. MY VEHICLE WAS AT STATIONARY, VEHICLE SJK2544H CAME OUT FROM PARKING LOT NO.282. SHE WAS MAKING RIGHT TURN TO EXIT THE PARKING LOT BUT UNSUCCESSFUL, THEN HIT AND SCATCHED ON MY FRONT RIGHT PORTION.

Declaration

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



Policyholder's Signature /
Date & Time



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

Witness by Reporting
Centre Personnel













