

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	23/12/2020 17:35 (SGT)
Date of Accident	22/12/2020 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UBI AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCK5599M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHENG KIAT
NRIC No	SXXXX774F
Email Address	noemail@noemail.com.sg
Mobile Phone No	(Phone) +65-96525555
Alternative Phone No	+65-96525555

VEHICLE PARTICULARS

Manufacturer	Honda
Model	FIT HYBRID 1.5F AUTO
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	5116862862
Cover Note Number	31/03/20 - 30/03/21

DRIVER

Name of Driver	DE COSTA FRANCESCA ANNE
NRIC No	TXXXX774J
Date Of Birth	03/12/2001
Occupation	Indoor

Date Of Driving Pass	22/12/2020
Driving experience	0 MONTH
Gender	Female
Mobile Number	(Phone) +65-96525555
Alt. Phone Number	-
Email Address	noemail@noemail.com.sg
Address	907 EAST COAST ROAD #04-11
Address complement	-
Postcode	459107
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Change/cross lane
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	TAN CHENG KIAT
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

(Use: Driving Tuition)

There was road work vehicle (stationary vehicle) ahead on the extreme left lane. I swerved out into right lane & stop behind vehicle X as the said car also turn out. Few vehicles behind of us followed to turn out to the right due to block stationary vehicle infront. SLZ85B overtook all of us by encroached against on-coming traffic flow and swerve infront of me when vehicle X infront of me moved on.

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	SLZ85B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

SKETCH PLAN

1. VEHICLE NO.: 5CK5599M
2. INSURER CO: NTUC
3. ACCIDENT
DATE & TIME: 22/12/20 1:20pm

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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.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

The diagram shows a road layout on a grid background. A vertical line on the left is labeled 'Ub: Ave M'. A horizontal line at the top is labeled '(Rd Work)'. A 'Stationary vehicle' is represented by a rectangle with a cross inside, located at the top left. Below it, a vehicle labeled 'A' is shown moving upwards, indicated by an arrow. To the right of 'A', a vehicle labeled 'B' is shown moving upwards, also indicated by an arrow. Further down the road, another vehicle labeled 'B' is shown moving upwards, indicated by an arrow. A large downward-pointing arrow is located to the right of the road, indicating the direction of traffic flow.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ⁸

Ins - NTUC Veh No - SCK5599M DoA - 22/12/20 1:20pm

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Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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

(15) mg 23/12/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: