

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 06/01/2021 17:21 (SGT)
Date of Accident 05/01/2021 17:00 (SGT)
Exact Location of Accident 503 Jurong West Street 52, Singapore 640503
Additional Location Information LOADING BAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJD5309M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WEE NUI NUI
NRIC No SXXXX904Z
Email Address vinx@wengfatt.sg
Mobile Phone No (Phone) +65-96680992
Alternative Phone No +65-96680992

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
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 5116336554
Cover Note Number -

DRIVER

Name of Driver WEE NUI NUI
NRIC No SXXXX904Z
Date Of Birth 13/11/1954
Occupation Outdoor

Date Of Driving Pass	05/06/1984
Driving experience	36 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96680992
Alt. Phone Number	+65-96680992
Email Address	vinx@wengfatt.sg
Address	BLK 450 #07-58
Address complement	JURONG WEST STREET 42
Postcode	640450
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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	YM6315M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-85568596
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

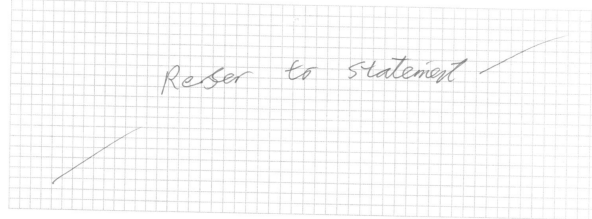
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to statement

Declaration

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

Wee
Policyholder's Signature / Date & Time

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

6/6/21
Witnessed by Reporting Centre Personnel

RE: ACCIDENT INVOLVING SJD5309M & YM6315M
ALONG LOADING BAY OF BLOCK 503 HDB JURONG
WEST AT 05 JAN 2021 / 1700 HRS

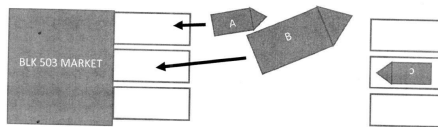
VEHICLE A (SJD5309M) DRIVEN BY: WEE NUI NUI OF NRIC: S1837904Z

VEHICLE B (YM6315M) DRIVEN BY: NOT GIVEN OF NRIC: NOT GIVEN
MOBILE NUMBER 85568596

PASSENGES INVOLVED: NO PASSENGERS IN BOTH VEHICLES

I was at the loading bay at Blk 503 HDB Jurong West Market in vehicle A reversing my vehicle into the loading bay. Vehicle B was on my right but was not moving. When I was in the process of reversing into the lot, vehicle B suddenly started to reverse backwards. I immediately stopped my vehicle as there was no way Vehicle B could reverse into the lot besides me without hitting me and blasted my horn. However, Vehicle B continued reversing and only stopped when he hit the front right of my stationary vehicle. The whole incident was witnessed by the driver of Vehicle C (SLJ9801B) who also got out of the car to ask the driver of Vehicle B why he didn't stop nor hear the horn. The weather was clear and the road condition was dry. There was no injury at the point of the accident.

<MAP / DRAWING>



VEHICLE A (SJD5309M) VEHICLE B (YM6315M) VEHICLE C (SLJ9801B)

The above statement is accurate to be best of my recollection and understand that it is an offence to falsify any information relating to the above events.

WEE
WEE NUI NUI















