

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	11/01/2021 19:28 (SGT)
Date of Accident	19/12/2020 12:55 (SGT)
Exact Location of Accident	Upper Aljunied Rd, Singapore
Additional Location Information	JUNCTION OF JOO SENG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP8182M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG YEW MENG JOE
NRIC No	SXXXX789D
Email Address	jw-wksp@yahoocom.sg
Mobile Phone No	(Phone) +65-98437241
Alternative Phone No	+65-92227431

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5017521653-14
Cover Note Number	-

DRIVER

Name of Driver	SOH YI TING (SU YITING)
NRIC No	SXXXX856G
Date Of Birth	07/11/1982
Occupation	Indoor

Date Of Driving Pass	11/10/2006
Driving experience	14 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92227431
Alt. Phone Number	-
Email Address	jw-wkspace@yahoo.com.sg
Address	BLK 105 ALJUNIED CRESCENT #04-223
Address complement	-
Postcode	380105
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Head to Rear
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WONG YEW MENG JOE
Gender	Male

PASSENGER 2

Name	SON
Gender	Male

PASSENGER 3

Name	DAUGHTER
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

PLEASE REFER TO SKETCH PLAN

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	SDH8113R
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KARAN ANAND
NRIC No	SXXXX856Z
Contact Number	(Phone) +65-98299053
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.

<p><i>[Signature]</i> Policyholder's Signature / Date & Time 11/01/2021 15:04hrs</p>	<p><i>[Signature]</i> Driver's Signature (If driver is not the policyholder) / Date & Time 11 JAN 2021 15:09</p>	<p><i>[Signature]</i> Witnessed by Reporting Centre Personnel 11/01/2021</p>
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Sketch Plan

UPPER ALJUNIAH ROAD / JOO SHAH FORD

A) SAP 8182M
 B) SDH 8113R

Describe Circumstances of the Accident

We are on our way home. We stopped at the T-junction of Aljunied Road & Joo Seng Road, as it was red-light.

I ~~was~~ accidentally unknowingly released my footbrake and gently kissed at the back of the car in front.




Both parties got down to check and inspect our cars and found out that there is no visible sign of damage.

I apologize to the driver and we had a common agreement that if needed please contact us for compensation, as the other party claimed that the car belongs to his mum. Hence he ~~was~~ needs to go back and check with her.

However we did not receive any calls. ^{Tel:} Few weeks later, we received a claim on our insurance.

Declaration

We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time 15/1/2020	 Driver's Signature (If driver is not the policyholder) / Date & Time 15.1.7	 Witnessed by Reporting Centre Personnel 11/01/2021
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