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SN09211K000I / National Assessment Centre Services [408933] ENTRY DATE & TIME: 20/01/2021 17:31 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (20/01/2021 17:31 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed</u> by the <u>Policyholder and/or the Authorised Driver</u>
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	20/01/2021 17:31 (SGT)
Date of Accident	20/01/2021 11:50 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	ENTER TO IKEA CARPARK
Country/State of Loss	Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	 SLS6837X

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KENG MING
NRIC No	SXXXX102J
Email Address	G2RALD@HOTMAIL.SG
Mobile Phone No	(Phone) +65-96349201
Alternative Phone No	+65-96349201

#### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	5103829264-02
Cover Note Number	-

#### DRIVER

Name of Driver	DANIEL TAN WEI CHIH
NRIC No	SXXXX448H
Date Of Birth	02/12/1991
Occupation	Indoor

Date Of Driving Pass	08/04/2011
Driving experience	9 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	
	(Phone) +65-90029011
Alt, Phone Number	<u>.</u>
Email Address	DANI3LTAN@HOTMAIL.COM
Address	BLK 119C KIM TIAN ROAD #25-218
Address complement	BER 1130 KIM TIAN NOAD #25-210
	100110
Postcode	163119
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
vehicle registration runneer of early vehicle extract by Enver	
Insurance Company of Other Vehicle Owned by Driver	
instraince company of other vehicle owned by briver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	
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)	2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
N	
Name	G3RALD@HOTMAIL.SG
Gender	Male
DETAILS OF POLICE ACTION	
Was the assident reported to the police?	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER TO 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	R VEHICLE PROPERTY 1
Walida Basistantia Nambas	OMOFOTOD
Vehicle Registration Number	SMC5273B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private car

Private car

SXXXX118A

LEE CHUNG SING

Vehicle Category

Name of Driver

NRIC No

Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

### ACCIDENT STATEMENT

ACCIDENT DATE: 201 1 / 2 ( )(DD/MM/YYYY), TIME: ( 1 1 : 50 )(HH:MM)	
Rd Enter to	
LOCATION: Alexandra Ikea Carpark.	*
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: 51× 6837 ×	,
b)INSURANCE COMPANY: INC	
c)POLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
OMAKE & MODEL: Subary forester 2.0.	
f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)	
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
h) PURPOSE OF USING AT ACCIDENT TIME: Private USC	
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2. INSURED / POLICY HOLDER	
A)NAME:(MALE / FEMALE)	
b) NRIC/FIN/PASSPORT:CONTACT: 96 74 9201	
c)ADDRESS:	
* CONTINUE TO A LIE DOUGH	. •
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  PULL OF DELSCON A.3. DRIVER	
n i -	
(Including driver) a) NAME: Vaviet Tan Wei Chih (MALE/FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 9002 9011	
(2) c)ADDRESS:	
/	
Father . *d)DATE OF BIRTH: ()(DD/MM/YYYY)	
e)OCCUPATION: (INDOOR / OUTDOOR)	
f) YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Children	
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)	
b)ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)	
7. a)REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	
8 THIRD PARTY VEHICLE	
the of passenger a) VEHICLE NUMBER: SMC 52 73 B MODEL:	
(Including driver) b) DRIVER'S NAME: Lee Chung Sing	2
(Including driver) b) DRIVER'S NAME: Lee Chung Sing  C) NRIC/FIN/PASSPORT: S2207718A CONTACT:	
7. ITAKU PARTI VERICLE	
d) VEHICLE NUMBER:MODEL:	
(Industrial del as)	
CONTACT:	
L	
attached video. : cimail = garald@hotmail.sg; dani3 ltan@t	iotmail.co
fax =	
VIDEO = Yes	
VIDEO = Yes	

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

Alexandra Roll Enter to the a Carpark

# Describe Circumstances of the Accident Alexandra Road IKEA'S turning back Oriver of the BMW immediately the of the white Bmw

#### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time

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

AZ

Witnessed by Reporting Centre Personnel **eBao**Tech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop Notice of Loss

Policy Query
Policy No.

Date of Accident
Certificate Number

20/01/2021 13:37

Search

Select Policy No. Certificate Number

510382926402

Vehicle No.(For Motor)

te Pol

SLS6837X

Policyholder Name Policyhold NRIC TAN KENG MING \$255010

Policyholder NRIC Production Production NRIC GPC

Product Cover Type

GPC drivo
CLASSIC

Vehicle Insured Object
SLS6837X SLS6837X

Commence Date Expiry Date

29/09/2020 28/09/2021

Continue