

# 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 ..... 18/01/2021 13:17 (SGT)  
Date of Accident ..... 17/01/2021 12:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BLK 194 BEDOK SOUTH ROAD MSCP  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGM3843M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GOH WEIXUAN  
NRIC No ..... SXXXX670B  
Email Address ..... WEIXGOH@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98314174  
Alternative Phone No ..... +65-98314174

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Forte  
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 ..... 5111874479-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GOH WEIXUAN  
NRIC No ..... SXXXX670B  
Date Of Birth ..... 30/08/1983  
Occupation ..... Indoor

Date Of Driving Pass .....	11/04/2003
Driving experience .....	17 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98314174
Alt. Phone Number .....	+65-98314174
Email Address .....	WEIXGOH@GMAIL.COM
Address .....	22 BAYSHORE ROAD
Address complement .....	#02-01
Postcode .....	469970
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 .....	Collided into Parked Vehicle
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	0
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

#### REFER TO THE 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 .....	SKN3207Y
Vehicle Manufacturer .....	Volkswagen
Vehicle Model .....	Jetta
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WONG HONG JOO
Contact Number .....	(Phone) +65-91290018
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2


Vehicle Registration Number .....	SLJ2872E
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Fit
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SEOW SER WAH
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****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 willful 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. 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)**

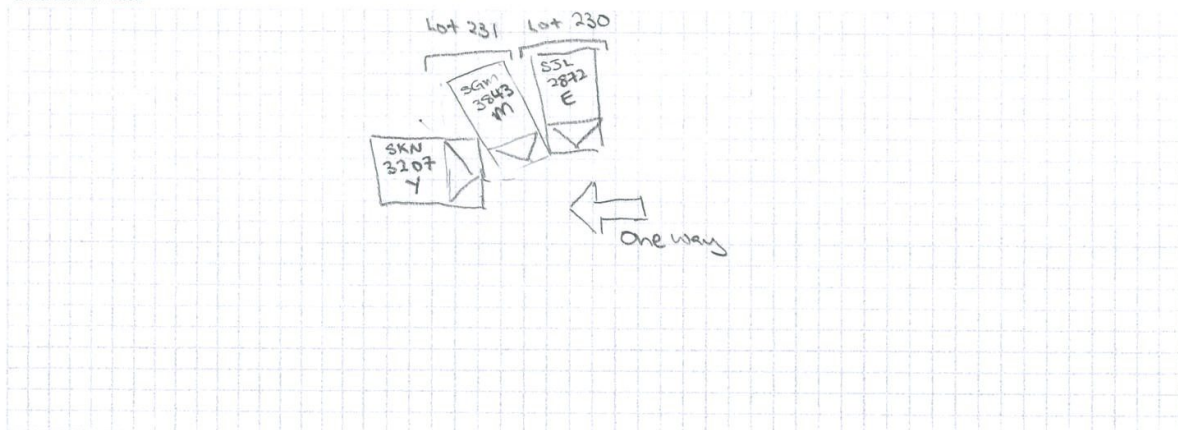
I understand, acknowledge, agree and consent that:

- (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' 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.

 18 Jan 21  
1130am  
\_\_\_\_\_  
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**


LICENSE PLATE: SGM3843M	ACCIDENT DATE & TIME: 17 Jan 21, 1255hr (approx)
CONTACT NUMBER: 98314174	E-MAIL ADDRESS: weixgeh@gmail.com
LOCATION: BLK 19A MSCF(893) Bedok South Road <del>S462</del> (S)462019, Level 3A	
<ul style="list-style-type: none"> <li>I parked my car in lot 231 (level 3A) around 1225hr.</li> <li>I arrived back at my car just before 1300hr. I didn't see the accident happen.</li> <li>Gray Volkswagen Jetta (SKN3207Y) had crashed into my right side front (passenger driver) door. The driver (old man) Mr Wong Hong Joo (91290018) was still in his car. Both his airbags were deployed.</li> <li>The impact made my car shift and hit a black Honda Fit (SLJ2872E) on the left in lot 230.</li> <li>Passer by called Police. TP came and investigated. Report number #G/20210117/0165</li> <li>I called NTUC orange force. They sent Mr Suman Sukumar. He helped to investigate, take photos and arrange for towing.</li> <li>The impact to my car was so hard, the driver door also cannot open.</li> <li>The gray Volkswagen should not have turned into this lane as one way. The driver (Mr Wong) says he was coming up the ramp.</li> <li>Gray Volkswagen Jetta, SKN3207Y, Mr Wong Hong Joo (91290018)</li> <li>Black Honda Fit, SLJ2872E, Mr Seow Ser Wah (97231659)</li> </ul>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

**Declaration**

We declare the foregoing particulars are true in every respect.

 18 Jan 21  
 1130am  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel



