

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	28/01/2021 18:11 (SGT)
Date of Accident	28/01/2021 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 293 CHO A CHU KANG AVENUE 3 CP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4687G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHANG FU TRADING
Company Reg No	5XXXX289B
Email Address	jasonkcapl@gmail.com
Mobile Phone No	(Phone) +65-84984078
Alternative Phone No	+65-84984078

VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	SSANGYONG / ACTYON SPORTS D/CAB 2.0 5AT ABS D/AB 2WD
Variante	-
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	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111538227-01
Cover Note Number	-

DRIVER

Name of Driver	WANG JUN HONG
NRIC No	SXXXX149F
Date Of Birth	09/02/1997

Occupation	Outdoor
Date Of Driving Pass	29/01/2016
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-84984078
Alt. Phone Number	-
Email Address	jasonkcapl@gmail.com
Address	BLK 488D CHOA CHU KANG AVENUE 05 #07-183
Address complement	-
Postcode	684488
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	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	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)	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 ATTACHED;

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	WC9228M
Vehicle Manufacturer	Terex
Vehicle Model	TEREX / DEMAG AC100/4L AUTO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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

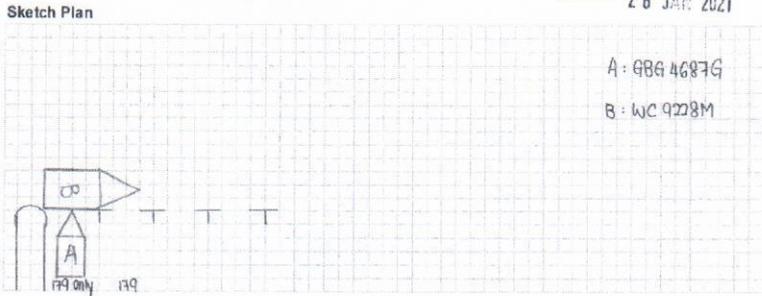
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or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

长福贸易
CHANG FU TRADING

Signature

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416657 Fax: 67492205
Email: vac1h@vac.com.sg

Policyholder's Signature / Date & Time _____ Driver's Signature (if driver is not the policyholder) / Date & Time _____ Witnessed by Reporting Centre Personnel **28 JAN 2021**



Describe Circumstances of the Accident

On 28.01.2021 at about 07:45 am. My vehicle was parked at Blk 293, Choa Chu Kong Avenue 3 Carpark. When I retrieved my vehicle, it was stated that vehicle B (WC 9228M) has hit on my front portion.

Declaration

We declare the foregoing particulars are true in every respect.

长福贸易
CHANG FU TRADING

Policyholder's Signature / Date & Time

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

IDAC KAKI BUNT (VAC)
25 Kaki Bukit Ave 4 #02-02
Singapore 415953
Tel: 674 10697 Fax: 674 92305
Email: vac@idac.com.sg

Witnessed by Reporting Centre Personnel

28 JAN 2021