

# 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 ..... 29/01/2021 18:26 (SGT)  
Date of Accident ..... 28/01/2021 18:35 (SGT)  
Exact Location of Accident ..... North Buona Vista Rd, Singapore  
Additional Location Information ..... SLIP ROAD TOWARDS AYE (CITY)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PA9427Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PRESBYTERIAN COMMUNITY SERVICES  
Company Reg No ..... SXXXXX022H  
Email Address ..... dorchashome@pcs.org.sg  
Mobile Phone No ..... (Phone) +65-90389132  
Alternative Phone No ..... +65-90389132

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5096010280-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHO MUN WAI  
NRIC No ..... SXXXX579G  
Date Of Birth ..... 06/02/1950  
Occupation ..... Outdoor

Date Of Driving Pass .....	18/05/1977
Driving experience .....	43 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90389132
Alt. Phone Number .....	-
Email Address .....	dorcashome@pcs.org.sg
Address .....	BLK 3 JALAN BUKIT MERAH #07-5070
Address complement .....	-
Postcode .....	150003
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
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 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 .....	SGE2020U
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Note
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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

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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.



\*Policyholder's Signature / Date & Time

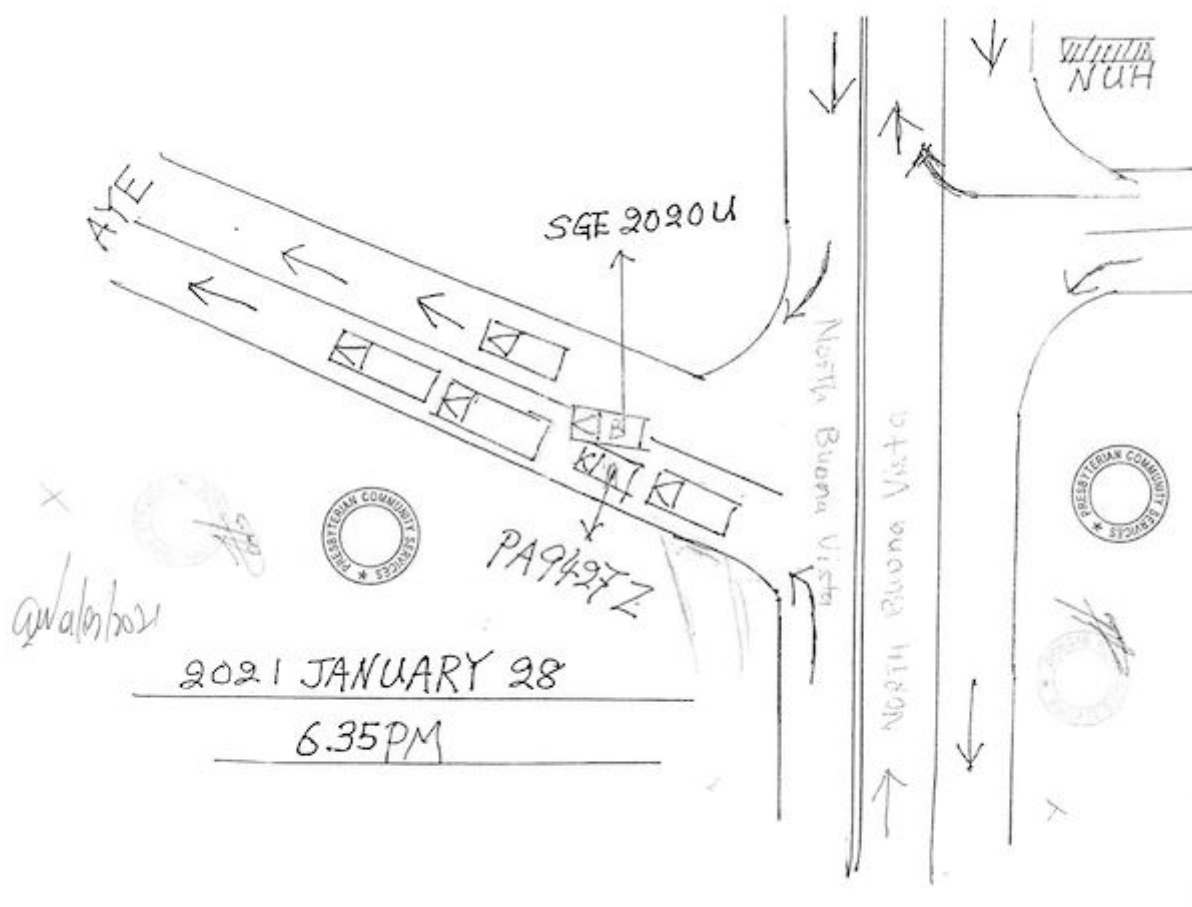
Sketch Plan 29/1/21

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

Witnessed by Reporting Centre Personnel



AS PER ATTACH




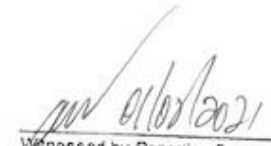


Describe Circumstances of the Accident

ON 28/01/2021 AT APPROX 18:35 HRS I WAS AT BURNING TREE RD  
 VISITING FRIENDS (A1) TOWARDS DYE CITY - TRAFFIC WAS HEAVY  
 AT THE POINT OF TIME AFTER I MANOUEVRE TO TURN LEFT, SUDDENLY  
 A CAR SLK 20704 TRYING TO SWITCH INTO MY LANE & I TOOK  
 BRAKE & JUST A SMALL BUMP ON THE LEFT SIDE OF HIS CAR  
 & MY VEH AT THAT EXHAUST SIDE WAS NO DAMAGE AT ALL  
 WE TOOK SOME PICTURE & MOVED ON

Declaration

We declare the foregoing particulars are true in every respect.

X     
 Policyholder's Signature / Date & Time 29/1/21  
 Driver's Signature (if driver is not the policyholder) / Date & Time  
  
 Witnessed by Reporting Centre Personnel













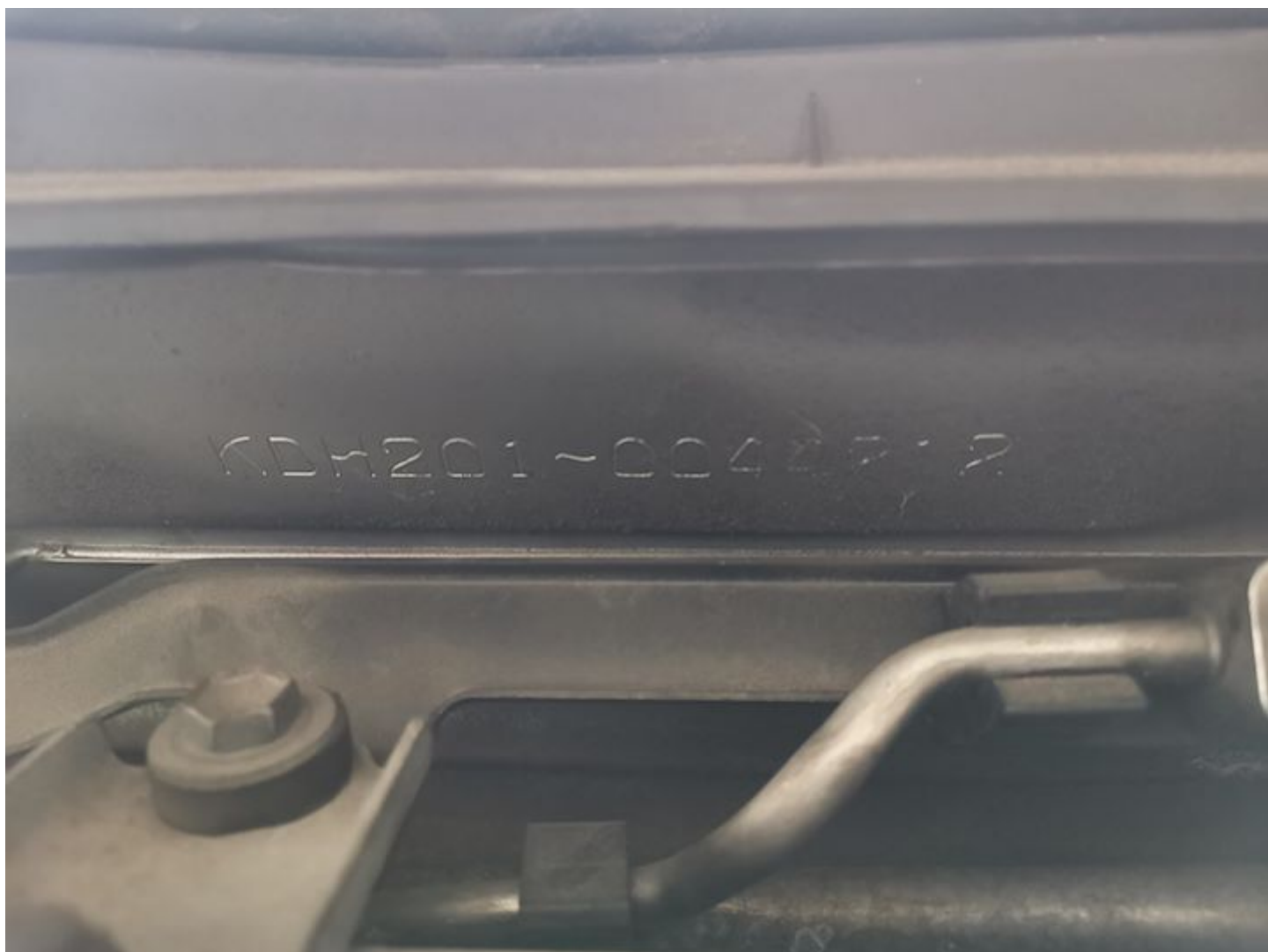














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN08211T0007 Vehicle Registration No : PA 9427Z  
Name (as shown in NRIC) : CHO MUN WAH NRIC/FIN/Passport No : SXXXX5796  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90389132  
Email Address : \_\_\_\_\_  
Date of Accident : 28/01/2021 Time of Accident : 18:35  
Place of Accident : NORTH BRIDGE ROAD SLIP ROAD TOWARDS B/A (CITY)  
Insurance Company : AT&T

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO INQUIRE SKETCH PLAN WITH PRESBYTERIAN COMPANY SLUMP

Policyholder / Driver's Signature  
Date:

[Signature] 28/01/2021  
Reporting Centre Personnel's Signature  
Name: