

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 01/02/2021 19:42 (SGT)
Date of Accident 21/01/2021 19:20 (SGT)
Exact Location of Accident 80 Marine Parade Rd, Singapore 449269
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN71C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SUHADI ZAINI
NRIC No SXXXX283F
Email Address teresa.cheong.adore@gmail.com
Mobile Phone No (Phone) +65-96485722
Alternative Phone No +65-90913366

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 Comprehensive
Fleet Policy No
Policy Number 5081283486-04
Cover Note Number -

DRIVER

Name of Driver TERESA CHEONG
NRIC No SXXXX818D
Date Of Birth 03/08/1981
Occupation Indoor

Date Of Driving Pass	03/07/2001
Driving experience	19 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90913366
Alt. Phone Number	-
Email Address	teresa.cheong.adore@gmail.com
Address	46 MEYER ROAD #17-01
Address complement	-
Postcode	437871
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Wet

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) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SUHADI ZAINI
Gender	Male

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF4852U
Vehicle Manufacturer	Audi
Vehicle Model	A4
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HUO RUO WEI
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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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

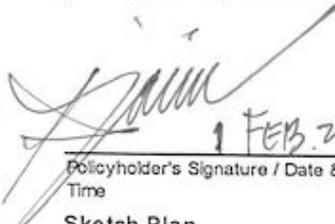
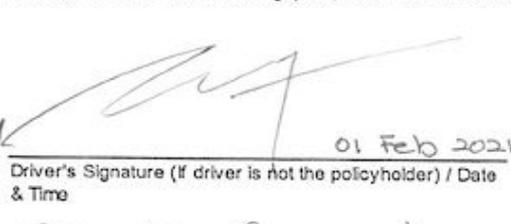
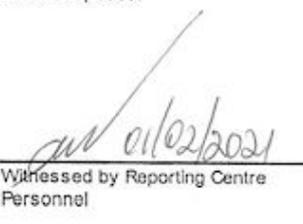
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 <u>1 FEB 2021</u> Policyholder's Signature / Date & Time	 <u>01 Feb 2021</u> Driver's Signature (if driver is not the policyholder) / Date & Time	 <u>01/02/2021</u> Witnessed by Reporting Centre Personnel
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Sketch Plan

PARKWAY PARKOUR SHOPPING CAR

A) SJN 71C
 B) SKP 4852U



Describe Circumstances of the Accident

Chronology of events leading to the accident :

1. The accident occurred in the evening inside the parking building of Parkway Parade shopping centre.
2. Teresa Cheong was the driver during the incident.
3. The road that leads up to the parking lots has 2 entry points. Our car was on the right and claimant's car was on the left.
4. The space in parkway is wide and there is ample room for 2 cars per direction and Teresa Cheong proceeded as usual.
5. When Teresa turned left to go up the ramp, the claimant's car hit our vehicle on the rear left and there was slight damage to the area.
6. The claimant accused Teresa of hitting their vehicle but we disputed their accusation, as it is impossible as we were trying to drive slow and move forward.

The claimant should have exercised softtety and caution as she (Huo Ruo Wei) has full frontal view of our car and did not apply the necessary brakes as needed.

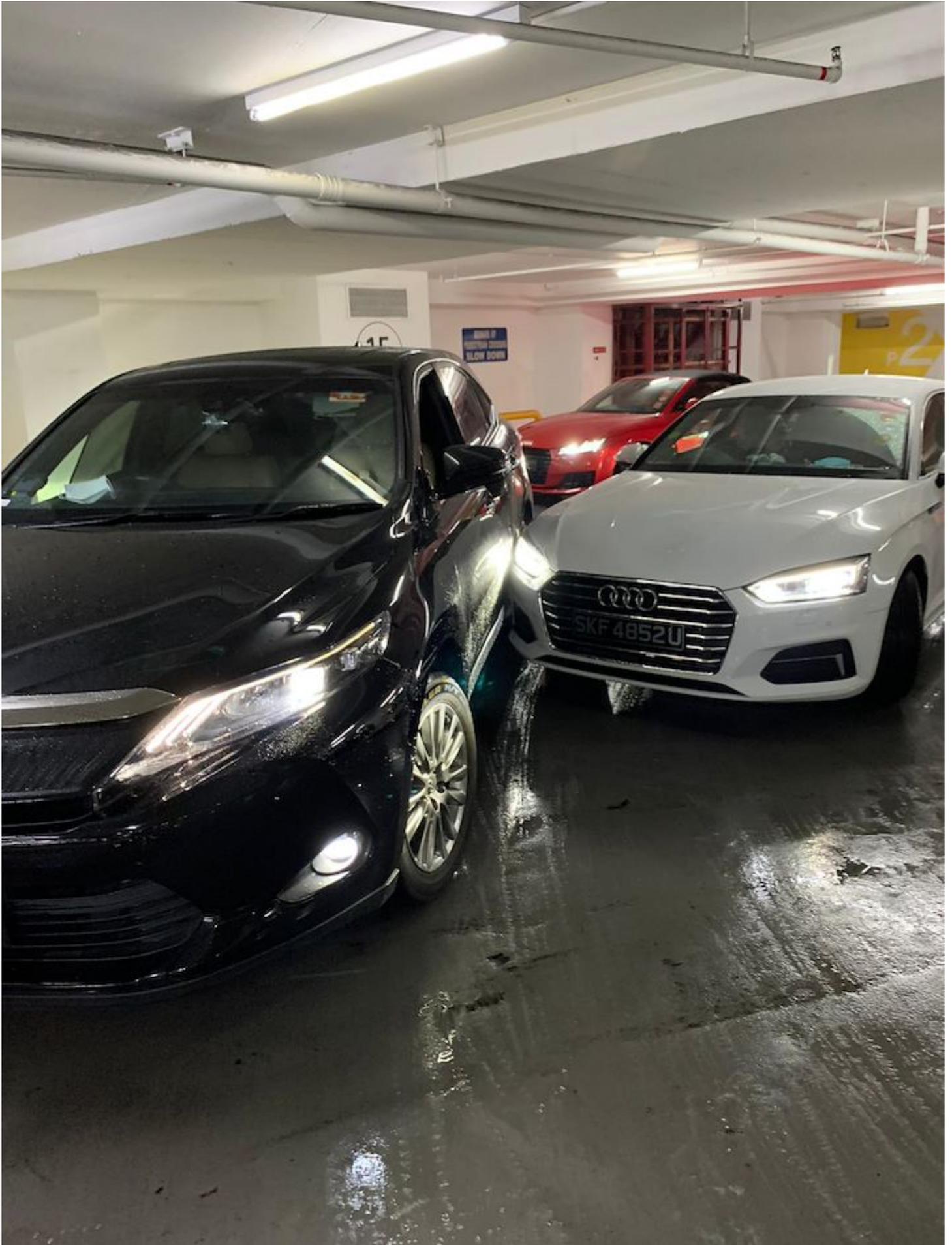
Declaration

We declare the foregoing particulars are true in every respect.


 01 Feb. 2021
 Policyholder's Signature / Date & Time


 01 Feb 2021
 Driver's Signature (if driver is not the policyholder) / Date & Time


 01/02/2021
 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: S665500206 / GST Reg. No.: M400917735

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 : SN0821210008 Vehicle Registration No: SJW 71C
 Name (as shown in NRIC) : TERESA CHHENG NRIC/FIN/Passport No : SXXXX88D
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 90913366
 Email Address : _____
 Date of Accident : 21/01/2021 Time of Accident : 19:42
 Place of Accident : PARKWAY PARKWAY
 Insurance Company : ANIC

(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:

- ① ROAD SURFACE SHOULD BE WHITE
- ② TO UPLOAD VIDEO

Policyholder / Driver's Signature
 Date:

[Signature] 02/02/2021
 Reporting Centre Personnel's Signature
 Name: