

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 08/02/2021 18:19 (SGT)
Date of Accident 07/02/2021 23:10 (SGT)
Exact Location of Accident Kranji Way, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG7429K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JEREMIAH ONG RAY
NRIC No SXXXX188B
Email Address jeremiahongray@gmail.com
Mobile Phone No (Phone) +65-87774284
Alternative Phone No +65-87774284

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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 5110192165-01
Cover Note Number -

DRIVER

Name of Driver JEREMIAH ONG RAY
NRIC No SXXXX188B
Date Of Birth 29/10/1999
Occupation Indoor

Date Of Driving Pass	31/05/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87774284
Alt. Phone Number	+65-87774284
Email Address	jeremiahongray@gmail.com
Address	BLK 255 SERANGOON CENTRAL DRIVE
Address complement	#12-60
Postcode	550255
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	Hit by fallen tree / Other objects
Weather Conditions	DARK
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JOEY
Gender	Female

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

DRIVING ON KRANJI WAY TWDS LIM CHU KANG ALONG KRANJI DAM.I SAW A DARK OBJECT MOVING ONTO THE ROAD.I ASSUMED IT MAY HAVE BEEN A HUMAN OR ANIMAL.I SWERVED AWAY FROM THE OBJECT AND IMPACTED THE KERB RESULTING IN A ROLL INTO A NEARBY DITCH.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN

IMPORTANT NOTICE

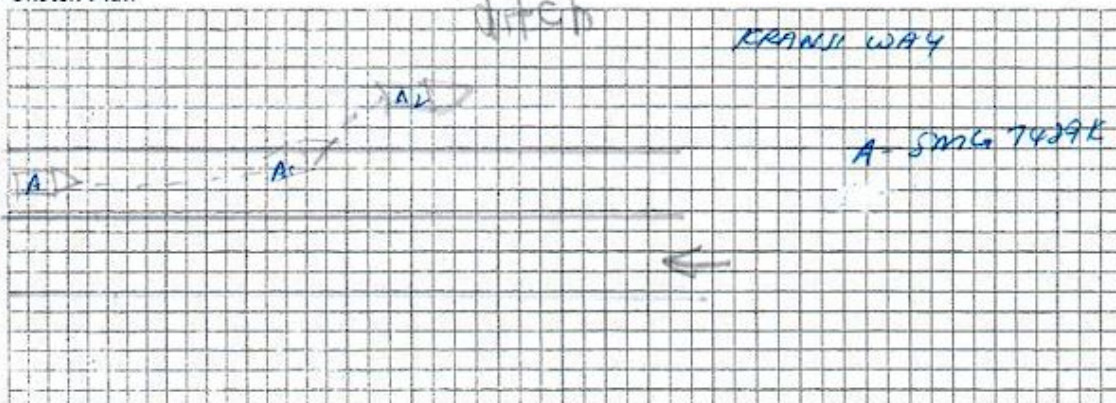
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or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

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

08/02/21

Driving on Krarji way towards Im Chai kay, along Krarji Dam, I saw a dark object moving on to the road. I assume it may have been a human or animal. I swerved ~~away~~ away from the object and impacted the kerb, resulting in a roll into a nearby ditch.

Declaration

We declare the foregoing particulars are true in every respect.


08/02/21
 Policyholder's Signature / Date & Time

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

 08/02/21
 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 : SN092128000Z Vehicle Registration No: SMG 7429K
Name (as shown in NRIC) : JEREMIAH ONG RAY NRIC/FIN/Passport No : SXXXX188R
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 255 SERANGOON CENTRAL DRIVE Singapore(550255)
#12-60
Contact (Tel) : _____ Mobile No. : 87774284
Email Address : _____
Date of Accident : 07/02/21 Time of Accident : 23:10
Place of Accident : KRANJI WAY
Insurance Company: NTUC

(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:

Amend Revert From Own Damage to Reporting only

[Signature]
Policyholder / Driver's Signature
Date: _____

[Signature] 11/02/21
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____