# **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 witholding 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.

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   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 10/02/2021 14:36 (SGT) Date of Accident 09/02/2021 19:50 (SGT) Exact Location of Accident Teck Whye Ln, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJT5910S

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WONG CHEE HOONG NRIC No SXXXX661C Email Address RAYMONDWONGCH@GMAIL.COM Mobile Phone No (Phone) +65-97978168 Alternative Phone No +65-97978168

#### VEHICLE PARTICULARS

Manufacturer

Toyota Model Corolla 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 hire

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5114655538 Cover Note Number

#### DRIVER

Name of Driver WONG CHEE HOONG NRIC No SXXXX661C Date Of Birth 06/11/1955 Occupation Indoor



Date Of Driving Pass 27/09/2016 Driving experience 4 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-97978168 Alt. Phone Number +65-97978168 Email Address RAYMONDWONGCH@GMAIL.COM Address BLK 505 JELAPANG RD #09-450 Address complement Postcode 670505 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 Collision - Change/cross lane Weather Conditions after rained Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number	SME8483G
Vehicle Manufacturer	-
Vehicle Model	-
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

# IMPORTANT NOTICE

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- 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)

- (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' law yers/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
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/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

venicie A: SJT59105 vehicle B: SME 8483G TECK WHYE ROAD TOWARDS BULLT PANJANG ROAD

T	Describe Circumstances of the Accident
towards Bukit Panjang Road - Approaching junction, it was red light, so I slowed down my vehicle in my rightful lane, suddenly vehicle B (SMES483G) on my right lane swerve out attempting to make a lane change into my lane and collided onto my vehicle rear right portion. I stopped the car and	Lane
down my vericle in my rightful lane, suddenly vehicle B (SME84836) on my right lane swerve out attempting to make a lane change into my lane and collided onto my vehicle rear right portion. I stopped the car and	on 9/2/2021 at about 1950 hs I was travelling along Teck Whye End
down my vericle in my rightful lane, suddenly vehicle B (SME84836) on my right lane swerve out attempting to make a lane change into my lane and collided onto my vehicle rear right portion. I stopped the car and	towards bukit Panjang Road - Approaching junction, it was red light, so I slowed
and collided onto my vehicle rear right portion. I stopped the car and	
and collided onto my vehicle rear right portion. I stopped the car and	down my vericle in my rightful lane, suddenly vehicle B (SMES483G) on my
T	right lane swerve out attempting to make a lane change into my lane
took, photos, we exchange particulars and file an insurance claim.	and collided onto my vehicle rear right portion. I stopped the car and
	took photos, we exchange particulars and the an insurance claim.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

















