SC1R212G0002 / City Auto Pte Ltd ENTRY DATE & TIME: 16/02/2021 11:58 (SGT) SUBMITTED BY: Jason Quak VERSION: 1 (16/02/2021 11:58 (SGT))

# 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.

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	16/02/2021 11:58 (SGT)
Date of Accident	14/02/2021 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	tanjong beach car park 2
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

Suzuki

Vehicle Registration Number	SGG6500P	

## INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH PECK KHENG
NRIC No	SXXXX847H
Email Address	PECKKHENG@YAHOO.COM
Mobile Phone No	(Phone) +65-96404850
Alternative Phone No	+65-96404850

## VEHICLE PARTICULARS

Manufacturer

Model	S-cross
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Private car

# INSURANCE COMPANY

NTUC
Comprehensive
No
5113785055-01
-

## **DRIVER**

Name of Driver	KOH JIN KIAT
NRIC No	SXXXX584D
Date Of Birth	30/08/1995
Occupation	Indoor

Date Of Driving Pass 12/04/2016 Driving experience 4 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-96404850 Alt. Phone Number Email Address KOHJINKIAT95@GMAIL.COM Address 43, FULTON AVE Address complement Postcode 579006 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 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 **PASSENGER** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT 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 Vehicle Manufacturer	SMU8026J
	=
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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- 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. 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.
- 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)

Lunderstand, 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' 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 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' 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), w hich may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Policyholder's Signature / Date & Time

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

Sketch Plan

CAY

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

Rank

Frank

By

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

Personnel

Personnel

I am the driver of car A
I was driving straight when car B, reversed into me.  (ar B was parked head in and reversed out of the lot, to the direr's right.  I was driving straight and made no attempts to accelerate to overtake car  Point of collision is denoted by the star(B) above.  Upon collision, both cars stopped. I then proceeded to steer left to the girle of the carpark, to avoid further damage.  Both drivers then got out at the car to take pictures and trade detail
for R was parked head in and reversed at of the lot to the direr's nicht.
I you down staint and made no attempts to accelerate to exertake can
Dit all it destall to the charge of the control of the control of the charge of the ch
foint of confient is achored by the startes above.
Upon Collision, poth cars supped. I then proceeded to steer lest to the
gide of the Carpark, to avoid further damage.
Both dries then got out at the car to take pictures and trade detail

# 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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
Witnessed by Reporting Centre
Personnel