

# 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 .....	23/02/2021 15:28 (SGT)
Date of Accident .....	22/02/2021 15:30 (SGT)
Exact Location of Accident .....	26 Pasir Ris Link, Singapore
Additional Location Information .....	BASEMENT CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMU2893L
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN ZI QI
NRIC No .....	SXXXX895Z
Email Address .....	CAROLYNTAN9718@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96945272
Alternative Phone No .....	+65-96945272

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180
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 car

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5118533677
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TAN ZI QI
NRIC No .....	SXXXX895Z
Date Of Birth .....	15/09/1964
Occupation .....	Indoor

Date Of Driving Pass .....	01/10/1994
Driving experience .....	26 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96945272
Alt. Phone Number .....	+65-96945272
Email Address .....	CAROLYNTAN9718@GMAIL.COM
Address .....	26 PASIR RIS LINK #05-20
Address complement .....	-
Postcode .....	518145
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 .....	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

#### REFER TO STATEMENT

#### 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 .....	SMT426X
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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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)**  
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.

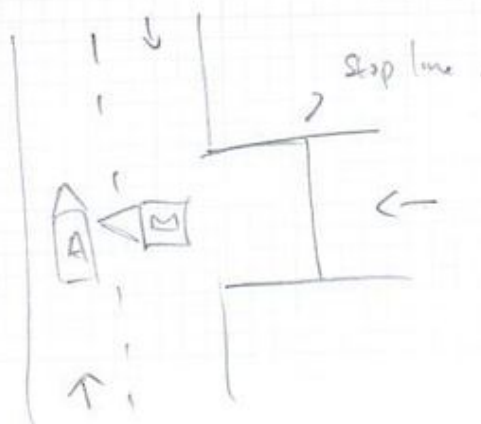
*陳芳琪*

Policyholder's Signature / Date & Time

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

*HA*

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A - SMY 2893L  
B - SHM 426X

## Describe Circumstances of the Accident

On 22/2/21 at around 1530 HRS, I was driving straight in my car into carpark. As shown in the video and diagram drawn, I was travelling in my lane following the direction to exit the carpark.

Suddenly a vehicle B (SM7 426x) did not stop at the stop line and proceeded to turn right and collided into me.

We then get down to exchange particulars and decided to go with 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























**DEED POLL**

BY THIS DEED, I, the undersigned **Tan Zi Qi 陳紫淇** holder of NRIC No. S1659895Z and residing at 26 Pasir Ris Link, #05-20 Singapore 518145, formerly known as **Tan Chiew Pheng 陳秋萍**, do hereby renounce and abandon the use of my former name **Tan Chiew Pheng 陳秋萍** and in lieu thereof do assume as from the date hereof the name **Tan Zi Qi 陳紫淇**.

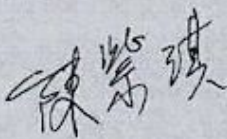

AND in pursuance the above renunciation and abandonment of my former name I **HEREBY DECLARE** that I shall at all times hereafter in all records, deeds and instruments in writing and in all actions and proceedings and in all dealings and transactions and upon all occasions whatsoever use and sign the said name **Tan Zi Qi 陳紫淇** as my name in lieu of the said name of **Tan Chiew Pheng 陳秋萍** so renounced as aforesaid.

AND I hereby authorise and request that all persons do designate and address me by such name of **Tan Zi Qi 陳紫淇**.

IN WITNESS WHEREOF, I have hereunto signed my assumed name of **Tan Zi Qi 陳紫淇** and my relinquished name of **Tan Chiew Pheng 陳秋萍** and have set my seal here in Singapore this 9th day of December, TWO THOUSAND TWENTY (2020).

**SIGNED SEALED and DELIVERED**

by the above named **Tan Zi Qi 陳紫淇**  
formerly known as **Tan Chiew Pheng 陳秋萍**  
in the presence of :-

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)  
)

*Baivoll*

**Mohamed Baivoll**  
Advocate & Solicitor  
Singapore