



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	22/02/2021 09:41 (SGT)
Date of Accident	21/02/2021 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF GEYLANG EAST AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH9696U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DAVID TAN (DAVID CHEN)
NRIC No	SXXXX447F
Email Address	RADICALDEFLYER@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-92738899
Alternative Phone No	(Home) +65-92738899

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	No
Policy Number	5116393148 (DRIVO CLASSIC)
Cover Note Number	-

DRIVER

Name of Driver	DAVID TAN (DAVID CHEN)
NRIC No	SXXXX447F
Date Of Birth	25/08/1972
Occupation	Outdoor



Date Of Driving Pass	30/10/1992
Driving experience	28 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92738899
Alt. Phone Number	(Home) +65-92738899
Email Address	RADICALDEFLYER@YAHOO.COM.SG
Address	APT BLK 254 BUKIT BATOK EAST AVENUE 4 #04-223
Address complement	-
Postcode	650254
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 - Head to Rear
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 ATTACH

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	SLK8646J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SAPIAH BINTE MUSTAFA
NRIC No	SXXXX253F
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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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

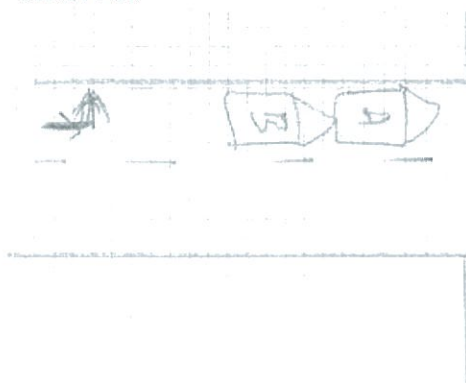
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

IDAG 0111 1111 1111
 511 511 511 511 511
 Singapore 636000
 Tel: 650 0012 Fax: 650 0013
 Email: info@idag.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Meylang Road ME1

A - SFH 96960

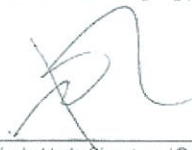
B - SLK 8646J

Describe Circumstances of the Accident

ON 21/02/21, I WAS WAITING AT THE TRAFFIC JUNCTION ON GEYLANG EAST AVE 1 @ 1400 HRS. AS THE TRAFFIC LIGHT IS RED, I WAS AWAITING FOR THE LIGHT TO TURN GREEN WHEN ~~STUDY~~ SUDDENLY I FELT A BUMP AT THE REAR OF MY CAR. I PUT ON THE HAZARD LIGHTS AND PROCEED TO ALIGHT THE CAR TO ASSESS THE SITUATION. A GREY MAZDA HAD REARENDED MY CAR CAUSING A DENT & SCRATCHES OF MY VEHICLE WHILST HER CAR WAS SCRATCHED FROM THE IMPACT FROM HER BONNET. WE ASSESS THAT THERE ARE NO INJURIES TO THE BOTH OF US AND PROCEED TO EXCHANGE PARTICULARS. SHE CLAIMED SHE WAS DISTRACTED BY HER PHONE WHEN SHE IMPACTED MY CAR.

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

WAC
 511 Road, #05-01, Singapore 609595
 Tel: 6750 3112 Fax: 6750 3112
 Email: wac@wac.com.sg

Witnessed by Reporting Centre Personnel



















