

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 18:11 (SGT)
Date of Accident	22/02/2021 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN CARPARK OF CHANGI GOLF CLUB
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ78G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM GIN HEE
NRIC No	SXXXX637D
Email Address	simginhee@hotmail.com
Mobile Phone No	(Phone) +65-97658651
Alternative Phone No	+65-97658651

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	MERCEDES BENZ / C200 AMG LINE (R18 LED)
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	5119711586
Cover Note Number	-

DRIVER

Name of Driver	SIM GIN HEE
NRIC No	SXXXX637D
Date Of Birth	18/12/1965
Occupation	Indoor

Date Of Driving Pass	10/08/1983
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97658651
Alt. Phone Number	+65-97658651
Email Address	simginhee@hotmail.com
Address	341 CHOA CHU KANG AVENUE 3 #15-21 THE RAINFOREST
Address complement	-
Postcode	689874
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	Collided into Parked Vehicle
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)	0
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 ATTACHED;

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	SMV5528S
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / LEXUS RX300 5DR SUV (AT) (2WD) EXECUTIVE
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

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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' law/yer/s 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/yer/s 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/yer/s law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

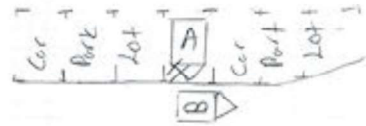
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 6741 0697 Fax: 6742 3055
Email: vack@vac.com.sg

Witnessed by Reporting Centre
Personnel

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

Policyholder's Signature / Date & Time

Sketch Plan



A = SKQ 78G
B = SMV 55285
Open Carpark of
Changi Golf Club

Describe Circumstances of the Accident

Refer to attached

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 6741 6697 Fax: 6749 2305

Email: vackb@vacom.com.sg

Witnessed by Reporting Centre Personnel

On 22.02.2021 at about 12:30 hours, I parked my vehicle (A) at Open Carpark of Changi Golf Club.

On the same day at about 18:30 hours, when I returned back to my vehicle (A), I saw there was a note left on the front right hand side door handle of my vehicle (A). Subsequently, I checked my vehicle (A) and realised there were damages on the front right hand side portion of my vehicle (A). Inside the note, the driver of vehicle (B) admitted that he accidentally banged my vehicle (A).

Vehicle (A): SKQ 78G

Vehicle (B): SMV 5528S

