G[IA] SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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. **<u>Any false reporting may be referred to the Police for investigation.</u>**
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	26/02/2021 09:49 (SGT)
Date of Accident	25/02/2021 07:50 (SGT)
Exact Location of Accident	Bukit Batok Rd, Singapore
Additional Location Information	B4 SLIP RD TO PIE CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3861K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG BAO LUO, PAUL (ZHANG BAOLUO, PAUL)
NRIC No	SXXXX972H
Email Address	YIRAT.ADONAI@GMAIL.COM
Mobile Phone No	(Phone) +65-93266050
Alternative Phone No	+65-93266050

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	5116982770
Cover Note Number	-

DRIVER

Name of Driver	CHONG BAO LUO, PAUL (ZHANG BAOLUO, PAUL)
NRIC No	SXXXX972H
Date Of Birth	08/12/1984
Occupation	Outdoor

Date Of Driving Pass	17/12/2013
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93266050
Alt. Phone Number	+65-93266050
Email Address	YIRAT.ADONAI@GMAIL.COM
Address	BLK 450C BUKIT BATOK WEST AVE 6
Address complement	#11-627
Postcode	653450
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

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

PLS REFER TO THE ATTACHED 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	SLZ1933Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

|	
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN TIAM LYE
Contact Number	(Phone) +65-96865565
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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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.

| Policyholder's Signature / Date & Time | Driver's Signature (If driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |

Sketch Plan
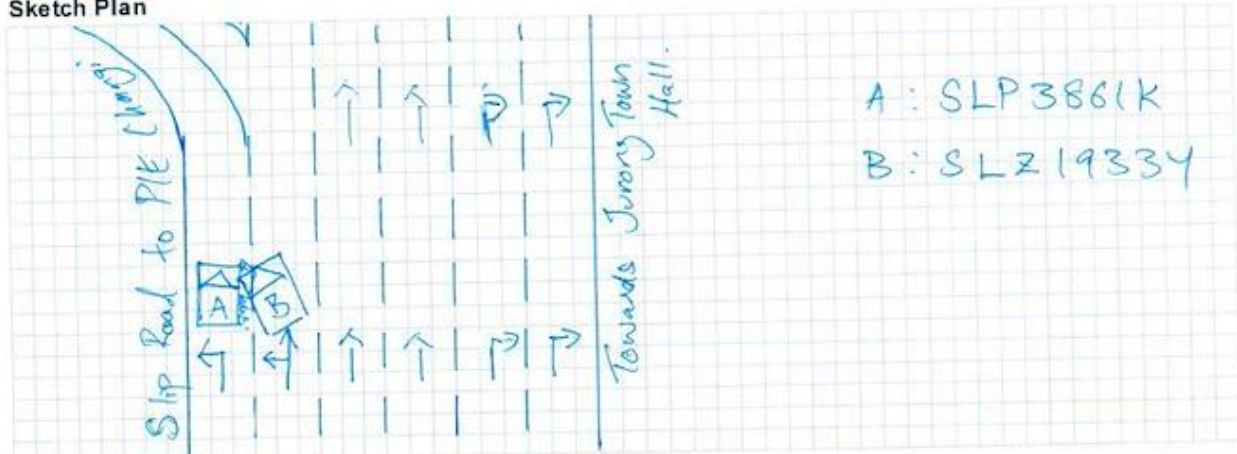
Describe Circumstances of the Accident

On 25/02/2021 at about 07:53 hrs, i was driving my vehicle (SLP3861K) along Bukit Batok road on the most left ~~that~~ lane heading toward PIE Changi. Just before the slip road, i was driving straight when suddenly veh B (SLZ1933Y) encroached into my ~~lane~~ lane and collided onto the ~~front~~ right hand side portion of my vehicle.

Declaration

I/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

ᵞᵞᵐ 26/02/21
_____
Witnessed by Reporting Centre Personnel