

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 01/03/2021 16:03 (SGT)
Date of Accident 26/02/2021 10:45 (SGT)
Exact Location of Accident Upper E Coast Rd, Singapore
Additional Location Information SERVICE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKF7773U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LINDA TAN BEE THENG
NRIC No SXXXX698J
Email Address xinyaauto@singnet.com.sg
Mobile Phone No (Phone) +65-96338840
Alternative Phone No +65-96338840

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Cla180
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

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5105936100-02
Cover Note Number -

DRIVER

Name of Driver LINDA TAN BEE THENG
NRIC No SXXXX698J
Date Of Birth 23/04/1972
Occupation Indoor

Date Of Driving Pass	27/09/1994
Driving experience	26 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96338840
Alt. Phone Number	+65-96338840
Email Address	xinyaauto@singnet.com.sg
Address	466 SIGLAP ROAD #01-18
Address complement	-
Postcode	455492
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

PLEASE 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	YP257X
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	BAO CHANG HAI
Passport No/FIN	GXXXX114P
Contact Number	(Phone) +65-86929788
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' 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

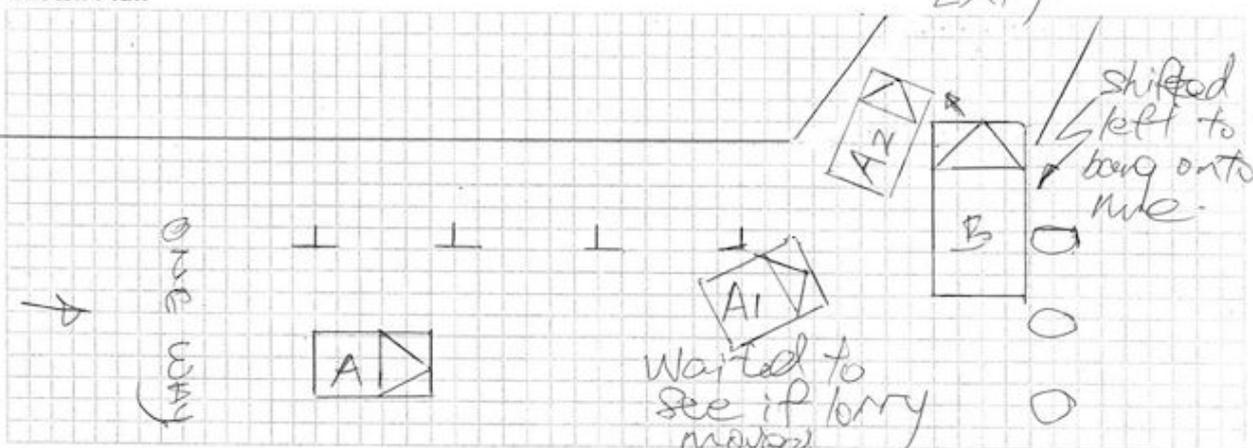
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
 Policyholder's Signature / Date & Time 26.02.2021 1625

[Signature]
 Driver's Signature (If driver is not the policyholder) / Date & Time 26.02.2021 1625

[Signature] 01/03/2021
 Witnessed by Reporting Centre Personnel

Sketch Plan



A) SKF 77734
 B) YP 257X

Describe Circumstances of the Accident

DATE (ACCIDENT)	: 26.02.2021
TIME OF ACCIDENT	: 10:45AM
LOCATION	: SERVICE ROAD OFF UPPER EAST COAST ROAD Q(20141)
<p>I WAS APPROACHING THE EXIT, THERE WAS A SEWAGE TRUCK PARKED ILLEGALLY. I STOPPED AHEAD AND MADE SURE THE LOBBY WAS NOT NOT MOVING SO I CONTINUED TO MOVE SLOWLY AS SPACE WAS NARROW. WHILE I WAS DRIVING PAST THE TRUCK, IT MOVED FORWARD AND BANG ONTO THE SIDE OF MY CAR. THE DRIVER'S COLLEAGUE LATER TOLD ME THAT HE ALSO DO NOT UNDERSTAND WHY THE DRIVER WHO WAS ORIGINALLY PARKED HAD TO MAKE ADJUSTMENT WHILE HE WAS AWAY AS HE WILL USUALLY LOOK OUT FOR ONCOMING VEHICLES FOR THE DRIVER. DUE TO MANY BLIND SPOTS OF THE TRUCK.</p>	

Declaration

We declare the foregoing particulars are true in every respect.

Jude
 Policyholder's Signature / Date & Time
 26.02.2021
 16.25 Hrs

Jude
 Driver's Signature (If driver is not the policyholder) / Date & Time
 26.02.2021
 16.45 Hrs.

[Signature] 01/02/2021
 Witnessed by Reporting Centre Personnel























