

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	03/03/2021 11:03 (SGT)
Date of Accident	02/03/2021 13:24 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	438 ANG MO KIO AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW619P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEU LISHAN (JIANG LISHAN)
NRIC No	SXXXX742F
Email Address	cathcheu@gmail.com
Mobile Phone No	(Phone) +65-88778286
Alternative Phone No	+65-88778286

VEHICLE PARTICULARS

Manufacturer	Honda
Model	HONDA / VEZEL 1.5X CVT
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	5119808682
Cover Note Number	-

DRIVER

Name of Driver	KOH CHYE MING, KENNY
NRIC No	SXXXX742F
Date Of Birth	23/09/1981
Occupation	Indoor

Date Of Driving Pass	07/08/2019
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94887542
Alt. Phone Number	-
Email Address	kennykoh08@gmail.com
Address	124 HOUGANG AVE 1 #06-1444
Address complement	-
Postcode	530124
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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:

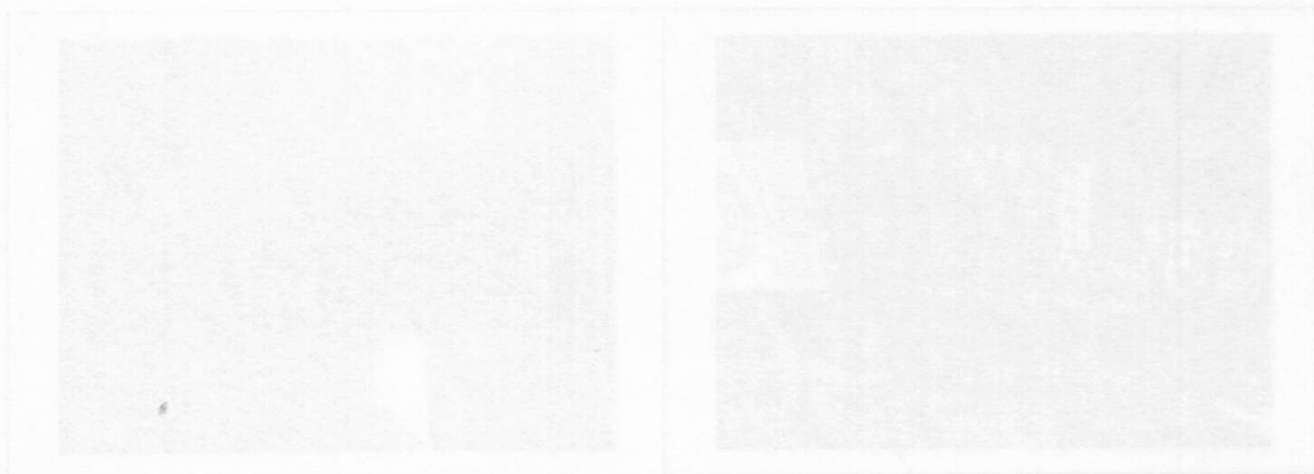
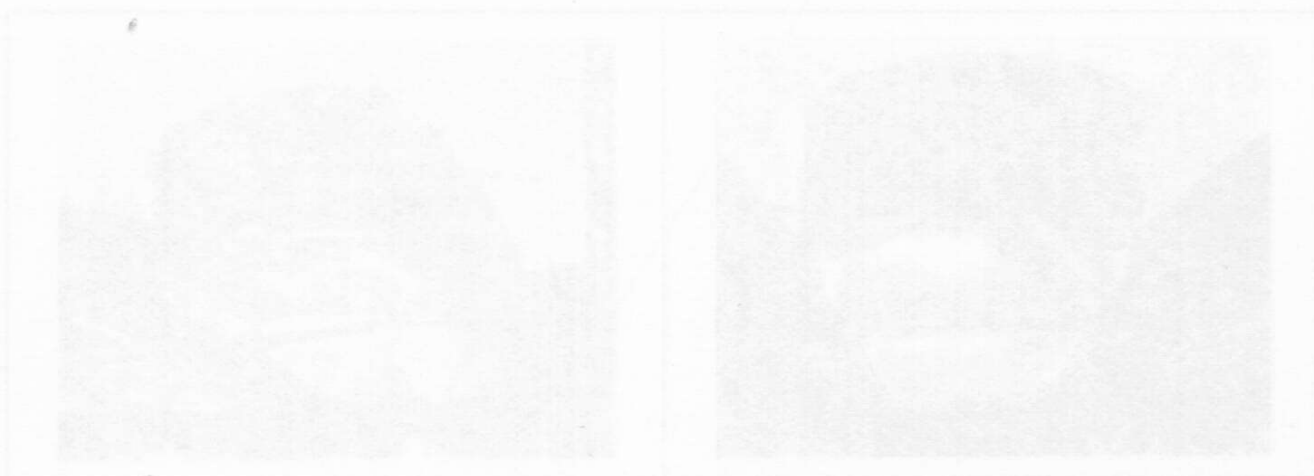
ATTACHMENT(S)

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	SLF1479Y
Vehicle Manufacturer	Mazda
Vehicle Model	MAZDA / MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SREE GANESH
Contact Number	(Phone) +65-97272721
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2



INVESTIGATION REPORT FOR ALBERTA POLICE

SECTION

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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

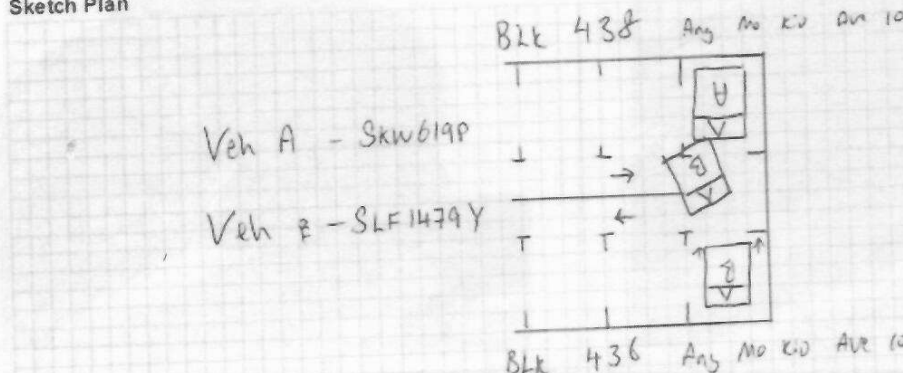
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

03 MAR 2021

Sketch Plan



Describe Circumstances of the Accident

On the above mentioned date & time, my vehicle was stationary
park on the carpark lot. My spouse was in the vehicle on the passenger seat
while I was running on errand at blk 43d Ang Mo Kio Ave 10. Suddenly,
Veh (B) reverse out from a lot directly in front my vehicle was facing
without checking & collided into my vehicle Front right portion.

Declaration

I/We declare the foregoing particulars are true in every respect

Policyholders Signature / Date &
Time

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

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Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel

03 MAR 2021