

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	24/03/2021 15:34 (SGT)
Date of Accident	23/03/2021 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MSCP of Blk 231 Pasir Ris Drive 4 Deck 1A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ6505S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEO KHING POK
NRIC No	SXXXX862G
Email Address	ishareauto@gmail.com
Mobile Phone No	(Phone) +65-82829166
Alternative Phone No	+65-82829166

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
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
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118909653 (CLASSIC)
Cover Note Number	-

DRIVER

Name of Driver	LEO KHING POK
NRIC No	SXXXX862G

Date Of Birth	06/11/1966
Occupation	Indoor
Date Of Driving Pass	18/06/1984
Driving experience	36 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82829166
Alt. Phone Number	+65-82829166
Email Address	ishareauto@gmail.com
Address	Blk 231 Pasir Ris Drive 4 #10-450
Address complement	-
Postcode	510231
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 on collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 Sketch Plan / Type of Accident: Carpark

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	SLH1577L
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEO KHING POK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Body Pain
Injured person in which vehicle?	SLZ6505S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

Policyholder's Signature / Date & Time

Sketch Plan

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

24 MAR 2021

IDAC KAKI BUKIT (YAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416897 Fax: 67492305
Witnessed by Reporting Centre Personnel

Car Park Lot
→ [A] [B]
Car Park Lot

A = 5LZ 65055

B = 5LH 1577L

MSC P of

BIK 231

Basir Ris Drive 4

Deck 2A

Describe Circumstances of the Accident

Refer to attached

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

WAC KARI BUKIT (VAC)
23 Kari Bukit Ave 4 #02-02
Singapore 415933
Tel: 67446697 Fax: 67492305
Email: wac@wac.com.sg

Witnessed by Reporting Centre
Personnel

On 23.03.2021 at about 17:00 hours at MSCP of BLK 231 Pasir Ris Drive 4 Deck 1A. I was travelling straight at the above mentioned location and suddenly, I heard a loud bang and felt an impact. When I alighted, I realised it was vehicle (B) that coming out from the car park lot without checking the oncoming traffic condition hence collided onto the front left hand side portion of my vehicle (A).

Vehicle (A): SLZ 6505S

Vehicle (B): SLH 1577L

