

## 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 ..... 26/03/2021 10:22 (SGT)  
Date of Accident ..... 25/03/2021 13:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PASIR RIS ST 11 NEXT TO BIN CENTRE BLK 182  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMU7319X

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ACE KIPPER  
Company Reg No ..... 5XXXX474K  
Email Address ..... allisterwong@gmail.com  
Mobile Phone No ..... (Phone) +65-97274042  
Alternative Phone No ..... +65-97274042

#### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... B.M.W. / 216D GRAN TOURER LED NAV 7 SEATER  
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 ..... 1500

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5119435670  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... WONG ZHENG HUI, ALLISTER  
NRIC No ..... SXXXX647B

Date Of Birth .....	29/05/1980
Occupation .....	Indoor
Date Of Driving Pass .....	26/02/2003
Driving experience .....	18 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97274042
Alt. Phone Number .....	-
Email Address .....	allisterwong@gmail.com
Address .....	BLK 162A RIVERVALE CRESCENT #06-208
Address complement .....	-
Postcode .....	541162
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMN7907K
Vehicle Manufacturer .....	BMW
Vehicle Model .....	B.M.W. / 520I AT 2WD 4DR HID NAV
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TARU
Contact Number .....	(Phone) +65-96207185
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.



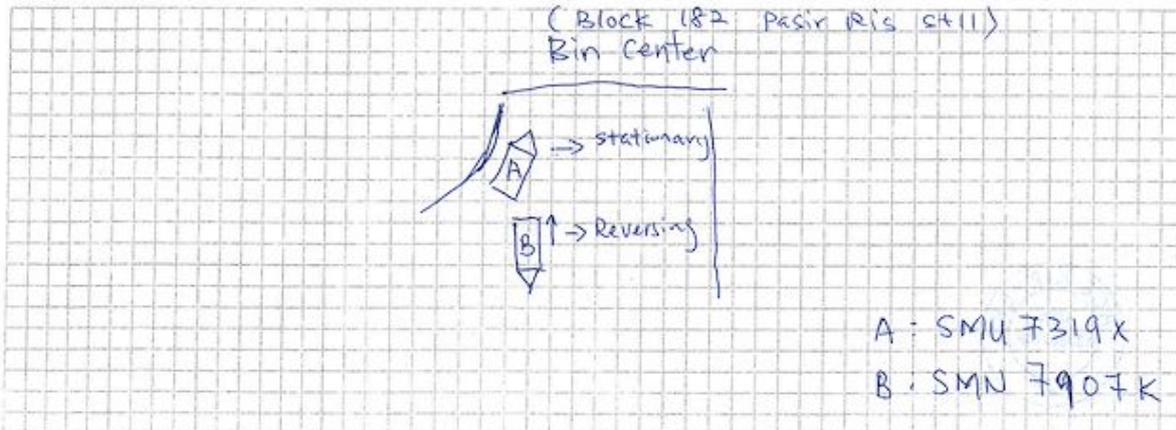
IDAC KAKI BUKIT (VAC)  
 23 Kaki Bukit Ave 4 #02-02  
 Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
 26 MAR 2021

**Sketch Plan**



**Describe Circumstances of the Accident**

My vehicle was in stationary position and I was standing outside and heard a loud cracking sound.

Some parents sound out to me that a car hit my car and I went over to exchange particular with the driver of SMN 7907 K.

The lady driver Ms Tan said she did not have any identification on her only her contact num was given 9620 7185.



**Declaration**

We declare the foregoing particulars are true in every respect.

allisterwong@gmail.com



Policyholder's Signature / Date & Time

*[Handwritten Signature]*  
 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: 67416697 Fax: 67492305  
 Email: vackb@vicom.com.sg

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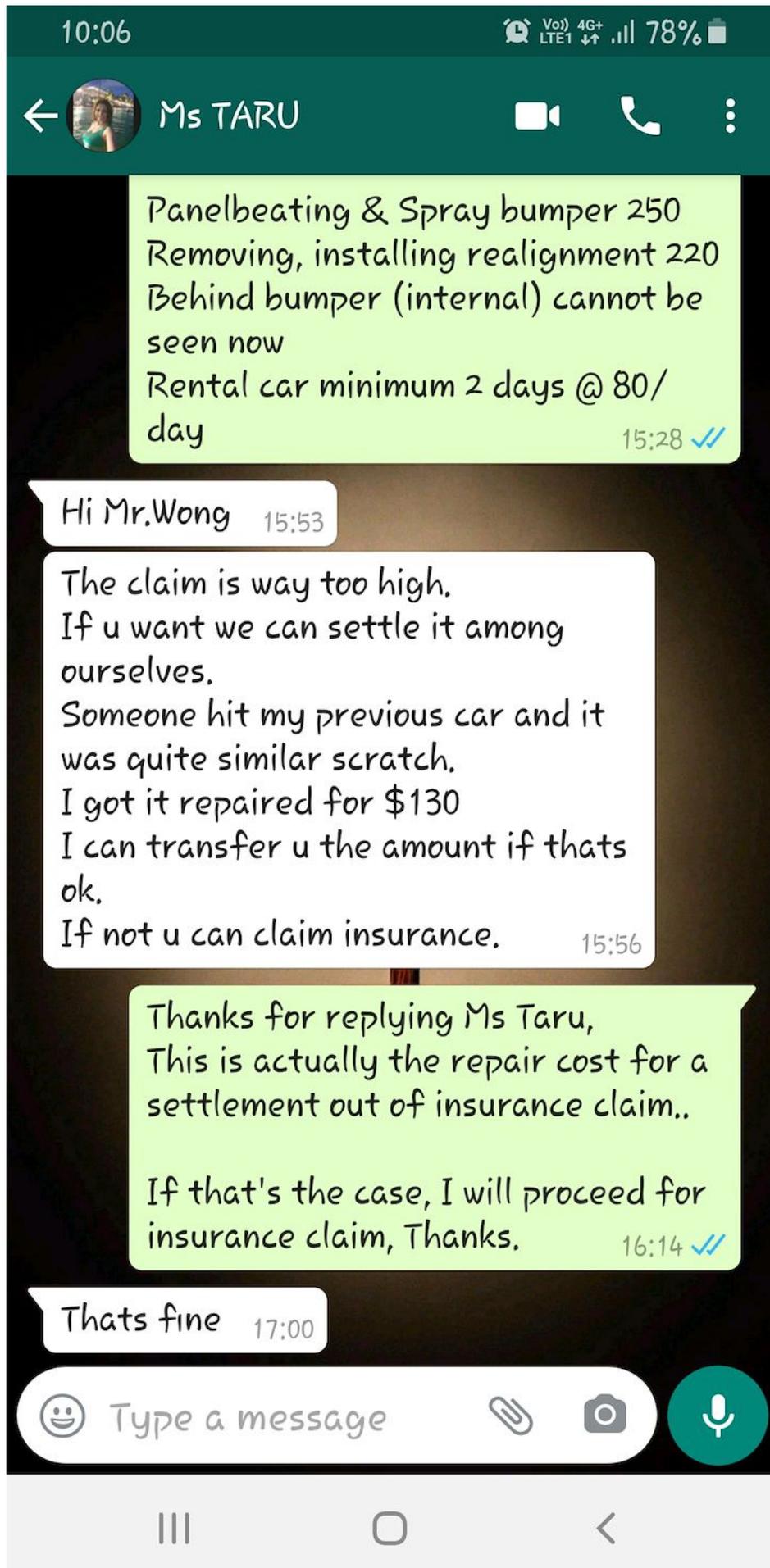


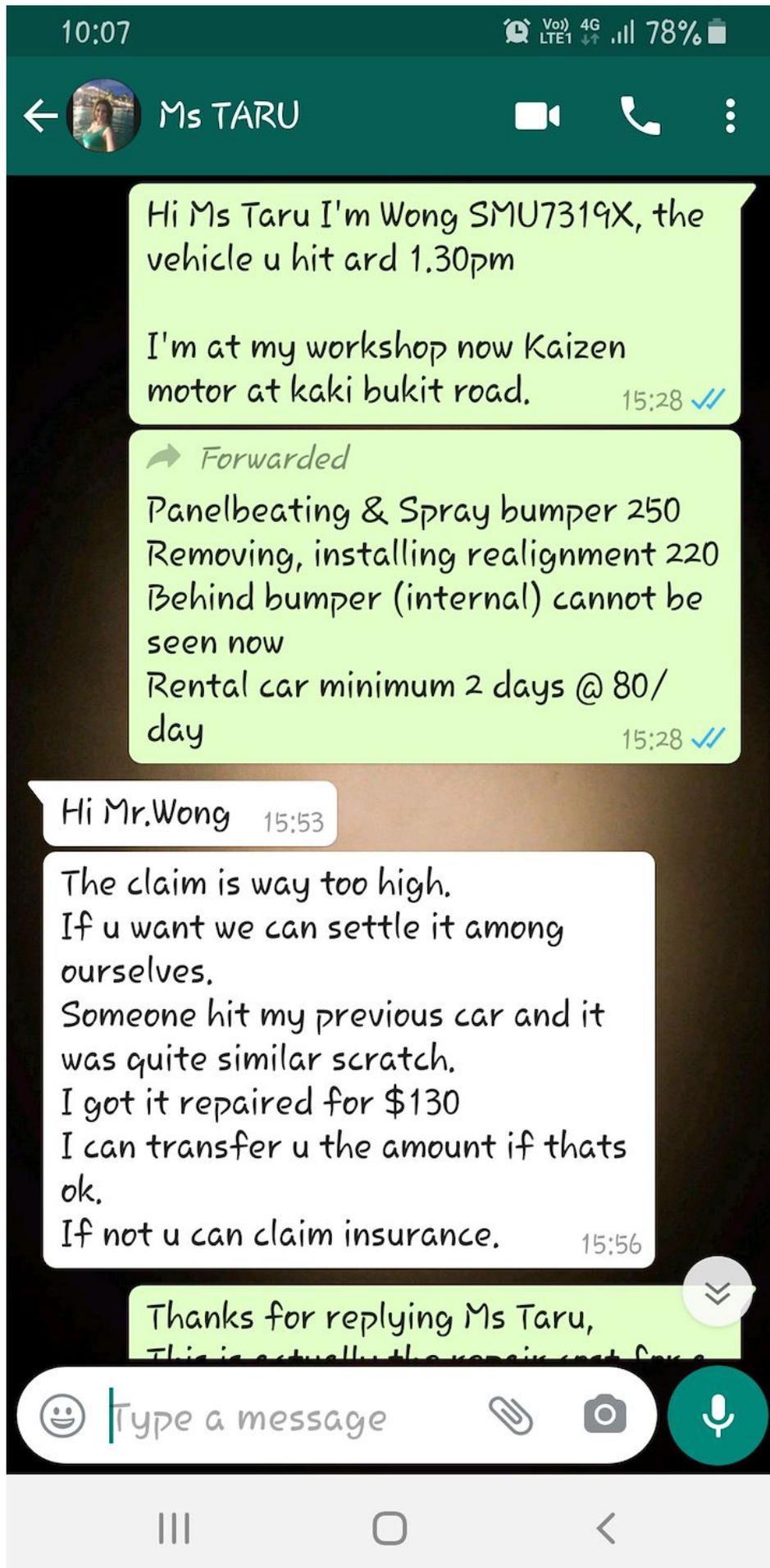
















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SV0L213Q0002 Vehicle Registration No: SMU 7319 X  
 Name (as shown in NRIC): wong zheng hui Allister NRIC/FIN/Passport No: S 8015647B  
 (\*Vehicle Driver/Vehicle Owner) (\* Please delete as appropriate)  
 Address: 162A Rivervale crescent #06-208 Singapore (541162)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9727 4042  
 Email Address: allisterwong@gmail.com  
 Date of Accident: 25/03/2021 Time of Accident: 1330 hrs  
 Place of Accident: Blk 182 Pasir Ris st 11 (Bin center)  
 Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Video footage from another vehicle that captured the accident.



*[Handwritten Signature]*

Policyholder / Driver's Signature  
 Date: 27/03/2021

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

Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 27 MAR 2021