

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 02/06/2021 15:39 (SGT)
Date of Accident 31/05/2021 14:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information 23 SIN MING ROAD LOT 18 INFRONT OF SUNNY SPA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU9433K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEO GEOK HUA
NRIC No SXXXX860A
Email Address moguworh@gmail.com
Mobile Phone No (Phone) +65-96572877
Alternative Phone No +65-96572877

VEHICLE PARTICULARS

Manufacturer Honda
Model HONDA / VEZEL HYBRID 1.5RS A
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 1498

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119069452
Cover Note Number -

DRIVER

Name of Driver VERNON KOH CHI
NRIC No SXXXX287D

| | |
|--|-------------------------------------|
| Date Of Birth | 31/07/1994 |
| Occupation | Outdoor |
| Date Of Driving Pass | 17/01/2020 |
| Driving experience | 1 YEAR AND 4 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-92226894 |
| Alt. Phone Number | - |
| Email Address | moguworh@gmail.com |
| Address | BLK 607 #03-261 WOODLANDS RING ROAD |
| Address complement | - |
| Postcode | 730607 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 to Rear |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|-------------------|
| Name | LIM EN HUI RACHEL |
| 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

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 | SKL6658U |
| Vehicle Manufacturer | Mazda |
| Vehicle Model | MAZDA / MAZDA3 SEDAN 1.5 AT LED EU6 |
| 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) -

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]

[Signature]

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

Sketch Plan

25 Sin Ming Road Lot 18
 Infront of Sunny SPA



Vehicle A: SMU9433K

Vehicle B: SKL665BU

Describe Circumstances of the Accident

on the stated date & time, I, vehicle A(SNU9433E) was stationary at the stated location on Lot 18. Suddenly, I felt double impact from the rear portion of my vehicle. I alighted & realised vehicle B(SKL665BU) collided onto the rear portion of my vehicle causing damages.

Declaration

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

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Witnessed by Reporting Centre
 Personnel















