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 witholding 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.

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 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 08/01/2021 14:56 (SGT) Date of Accident 08/01/2021 06:50 (SGT) Exact Location of Accident Sengkang W Rd, Singapore Additional Location Information SLIP RD TO TPE(SLE) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ7767F

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN CHIN KEONG IVAN NRIC No S7102388E Email Address ivantck@gmail.com Mobile Phone No (Phone) +65-81258019 Alternative Phone No +65-81258019

VEHICLE PARTICULARS

Manufacturer Mazda Model 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 Policy Number 5106427431-02

DRIVER

Name of Driver TAN CHIN KEONG IVAN NRIC No S7102388E Date Of Birth 07/01/1971 Occupation Indoor

Cover Note Number

Date Of Driving Pass 19/06/1989 Driving experience 31 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-81258019 Alt. Phone Number +65-81258019 Email Address ivantck@gmail.com Address 27 FERNVALE ROAD Address complement #23-26 Postcode 797415 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 Chain Collision Weather Conditions **DRIZZLING** Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name SHAWN RYAN TAN Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGN4227E

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver TANG LIANG WAH

Contact Number (Phone) +65-82232658

Address	
Address complement	
Postcode	<u>-</u>
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accider	nt
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB2191M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 Address	TAN CHIN KEONG IVAN
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKQ7767E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

INJURED 2	
Name of injured person	SHAWN RYAN TAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKQ7767E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
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SKETCH PLAN

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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' law yers/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
- (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.

- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

olicyholder's Signature / Date & Drive & Tine & Tine	s Signature (If driver is not the p	oolicyholder) / Date Sym 08/01/21 Witnessed by Reporting Centre Personnel
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Read		Veh A: SKQ 7767E Neh B: SGNY227E Veh C: SHB2191M
VA VA VA VA VA VA VA VA VA VA VA VA VA V		Veh C: SHB 21911m
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On above date of the , I was driving my vehicle A (STOTTGTE) traveling on Sengtang Nest Rural Slip road to TPE (SIE) on first lane of a 2-lanes, and Somewhere before TPE, vehicle ahead slaved down and stopped due to nearly traffic flow. As such , I applied brake and stopped behind vehicle shead, but of audien, vehicle B (SGNAZZTE) (ame from prov and collided onto the law fortion of my vehicle. After accident, I aligned and Malised I was
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Declaration
We declare the foregoing particulars are true in every respect.
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Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time Witnes ded by Reporting Centre Personnel















