

## 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 .....	09/07/2021 17:25 (SGT)
Date of Accident .....	09/07/2021 10:00 (SGT)
Exact Location of Accident .....	Upper Serangoon Rd, Singapore
Additional Location Information .....	TWDS UPP PAYA LEBAR ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGX3433E
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ZG PTE LTD
Company Reg No .....	2XXXXX155Z
Email Address .....	zero_gravity@singnet.com.sg
Mobile Phone No .....	(Phone) +65-67412845
Alternative Phone No .....	(Office) +65-67412845

#### VEHICLE PARTICULARS

Manufacturer .....	Suzuki
Model .....	Sx4
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1586

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	5112029325-01-000005
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	WONG KOK SEONG
NRIC No .....	SXXXX986H

Date Of Birth .....	29/03/1975
Occupation .....	Outdoor
Date Of Driving Pass .....	08/05/2006
Driving experience .....	15 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83327870
Alt. Phone Number .....	-
Email Address .....	zero_gravity@singtel.com.sg
Address .....	BLK 316C YISHUN AVE 9 #15-164
Address complement .....	-
Postcode .....	763316
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 vehicle 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

MY VEHICLE WAS STATIONARY AT THE SLIP ROAD IN ORDER TO GIVE WAY TO TRAFFIC ON THE MAIN ROAD. SUDDENLY, VEHICLE B (SCN4000P) HIT ONTO MY REAR.

#### 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 .....	SCN4000P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	HONG MEY KING
NRIC No .....	-1
Contact Number .....	(Phone) +65-98612435

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

# SKETCH PLAN

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6. The 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 lodgment of this report to the insurers, you hereby consent to the archiving of the report at the Centre and to copies of the report being made available aforesaid.
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 be 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 may also transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in the accident and insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), to be used by 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, brochures, 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 third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for use in pursuance of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, settling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature

Date & Time: 9/7/21



  
Driver's Signature

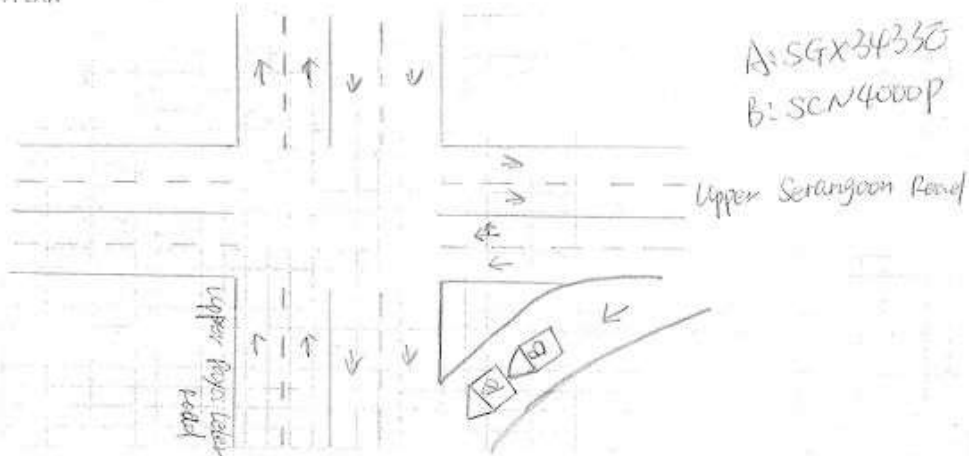
(If driver is not the policyholder)  
Date & Time:

9-7-21

Insurer's Centre Personnel's Signature

Date & Time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary on the slip road in order to give way to traffic on the main road. Suddenly the vehicle B (SCN4000P) hit onto my rear.

DECLARATION

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



Policyholder's Signature

Date & Time:

9/7/21





Driver's Signature

(If driver is not the policyholder)

Date & Time:

9-7-21

Witness's Name, Address & Signature

Name:

Address: