

# 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 ..... 28/07/2021 12:52 (SGT)  
Date of Accident ..... 27/07/2021 14:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 70 BARKER ROAD, INDOOR PARKING  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMU5893S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG LU DE, RUTH (HUANG LUDE)  
NRIC No ..... S8708151F  
Email Address ..... Miss.ruth.ng@gmail.com  
Mobile Phone No ..... (Phone) +65-96735307  
Alternative Phone No ..... +65-96735307

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Gla180  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5118601321  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG LU DE, RUTH (HUANG LUDE)  
NRIC No ..... S8708151F

Date Of Birth .....	29/03/1987
Occupation .....	Indoor
Date Of Driving Pass .....	15/07/2010
Driving experience .....	11 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-96735307
Alt. Phone Number .....	+65-96735307
Email Address .....	Miss.ruth.ng@gmail.com
Address .....	2 SIN MING ROAD #04-01
Address complement .....	-
Postcode .....	575583
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 .....	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 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

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

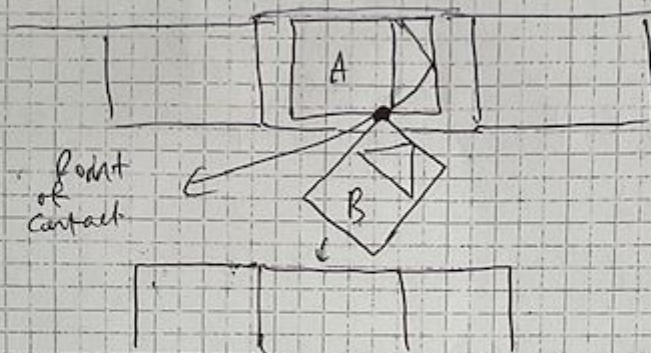
Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKJ5888P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ZHENG ZHE
NRIC No .....	S9087045I
Contact Number .....	(Phone) +65-94515041
Address .....	-

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

SKETCH PLAN



A: SMU58935

B: SK55888P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/7/2021 at about 2.30pm, I was at 70 Barker Road, at the indoor parking area. My car was stationary, at the parallel parking lot. While waiting, there was this car SK55888P that wanted to do a reversed parking into an empty lot opposite of my car SMU58935.

As the car was reversing into the empty lot, I heard a 'thud' sound at my car front right door. At first, I thought it was nothing. Then I heard the same thing again and this time I realised that the car SK55888P had actually hit my car while doing reversing into the empty lot. I wind down my window to tell the driver but it was to no avail. The 2nd time happen again. The car front left corner hit my driver door again and this time the driver of car SK55888P saw it.

There are no injuries and I am doing this report to claim the vehicle SK55888P insurance.

DECLARATION

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

Policyholder's Signature

Date & Time: 28/7/2021  
e 11:56m

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 28/7/2021  
e 11:56m

Reporting Centre Personnel's Signature

Name: NIZAM  
NRIC/FIN No.: 993585



**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment 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)**

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.
- (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, controlling 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:

28/7/2024  
E 1125m

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/7/2024  
E 1125m

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

N17M

99385











