

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	17/08/2021 17:55 (SGT)
Date of Accident	16/08/2021 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	30 MARSILING LANE SINGAPORE 739149 ATS TRAFFIC
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8385E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM BOON TONG
NRIC No	SXXXX993I
Email Address	DENNISSIMBT@GMAIL.COM
Mobile Phone No	(Phone) +65-83218388
Alternative Phone No	(Home) +65-83218388

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1598

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120313461
Cover Note Number	-

DRIVER

Name of Driver	SIM BOON TONG
NRIC No	SXXXX993I

Date Of Birth	18/04/1961
Occupation	Indoor
Date Of Driving Pass	01/09/1992
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83218388
Alt. Phone Number	(Home) +65-83218388
Email Address	DENNISSIMBT@GMAIL.COM
Address	BLK 145 PASIR RIS ST 11 #04-79
Address complement	-
Postcode	510145
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 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	YN5710G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This Form must be submitted by the Policyholder under the Authenticated Return.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may affect insurance companies' liability and/or ability.
4. The facts and circumstances of this Family Insurance component is not an admission of policy liability on the part of the Insurance companies.
5. Any false statement may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the CNA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will 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 supply of the report being made available aforesaid.
8. Consistent under the Personal Data Protection Act (PDPA)
- I understand, believe, agree and warrant that:
 - (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may have permitted to collect, use, disclose and/or process my personal data/personal information not 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 the accident (collectively the "Insurers") who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers", the Insurers' law practice firm, the Monetary Authority of Singapore and any relevant government agency/department (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 making of correspondence, statements, provision, 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 unopened parcels); 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' law practice firm, may have 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 have been disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law practice firm), which may be situated outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	shuyi Witnessed by Reporting Centre Personnel
<p>Sketch Plan</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; background-color: black;"></div> <div style="width: 10px; height: 10px; background-color: black;"></div> </div> </div> </div>		
A 343 8385E B YN 5110G		

Describe Circumstances of the Accident

On 16.09.2021 at about 18.00pm My vehicle was parked at 30 Mansfield lane
 Segway 139144 (AT9 trailer) Suddenly, vehicle B reversed and hit my vehicle

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

shuyi
 Witnessed by Reporting Centre Personnel