

## 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	25/08/2021 10:06 (SGT)
Date of Accident	24/08/2021 07:35 (SGT)
Exact Location of Accident	21 Linden Dr, Singapore 288735
Additional Location Information	ALONG 21 LINDEN DRIVE (IN FRONT OF NANYANG GIRL'S HIGH SCHOOL)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA3200K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG HONG GAY
NRIC No	SXXXX800D
Email Address	VNNEO@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91373865
Alternative Phone No	+65-91373865

#### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Xv
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	1995

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122345050
Cover Note Number	02/06/2021-01/06/2022

#### DRIVER

Name of Driver	NEO SHEN HWA (LIANG SHENGHUA)
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NRIC No	SXXXX785G
Date Of Birth	13/11/1977
Occupation	Indoor
Date Of Driving Pass	04/06/1997
Driving experience	24 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90213038
Alt. Phone Number	-
Email Address	VNNEO@HOTMAIL.COM
Address	BLK 48 LENGKONG TUJOH #B1-30
Address complement	-
Postcode	417397
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

#### 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	ONG KAI XUAN
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

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE A (SMA3200K) ALONG 21 LINDEN DRIVE (IN FRONT OF NANYANG GIRL'S HIGH SCHOOL). THE SCHOOL'S WAREND SIGNAL ME TO STOP MY VEHICLE AFTER THE ZEBRA CROSSING TO ALIGHT MY DAUGHTER. SUDDENLY VEHICLE B (SJT3173R) FROM BEHIND CUT INTO MY LANE WHICH IS CROSS OVER THE ZEBRA CROSSING AND ZIG ZAG CROSSING AND COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE WHEN THE VEHICLE TURNING INTO THE SCHOOL.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT3173R
Vehicle Manufacturer	-

Vehicle Model	.....	-
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**

**IMPORTANT NOTICE**

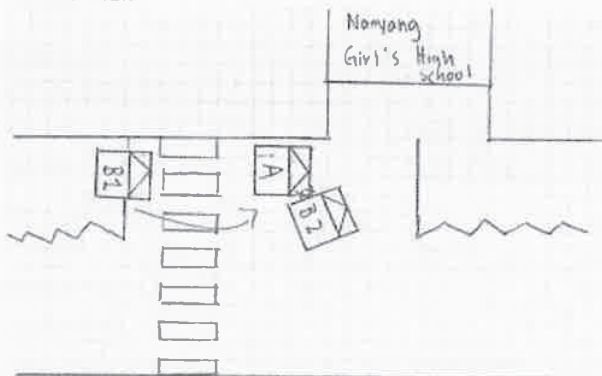
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  6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
  7. By the 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)
- 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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Vehicle A: SMA 3200K

Vehicle B: SJT373R

Along 21 Linder drive

(in front of Nanyang Girls' High School)

### Describe Circumstances of the Accident

Refers to 6th Report

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

	Reporting Only
	Claim OD
✓	Claim TP
	Claim OD/TP at other workshop

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

Driver's Signature (If driver's not the policyholder) / Date & Time

Witnessed by Reporting Centre  
Personnel

