SN0921960005-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 06/09/2021 11:23 (SGT)
SUBMITTED BY: Roslinda Binte A. Wahab
VERSION: 2 (16/09/2021 14:24 (SGT))

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.
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	06/09/2021 11:23 (SGT)
Date of Accident	05/09/2021 10:00 (SGT)
Exact Location of Accident	Lor 4 Toa Payoh, Singapore
Additional Location Information	BEHIND BLK 92 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8553H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG SAY SIONG
NRIC No	SXXXX531H
Email Address	anthonynghuttons@gmail.com
Mobile Phone No	(Phone) +65-90601188
Alternative Phone No	+65-90601188

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00005012100
Cover Note Number	-

DRIVER

Name of Driver	NG SAY SIONG
NRIC No	SXXXX531H

Date Of Birth	27/08/1970
Occupation	Outdoor
Date Of Driving Pass	01/01/1991
Driving experience	30 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90601188
Alt. Phone Number	+65-90601188
Email Address	anthonynghuttons@gmail.com
Address	BLK 473A UPPER SERANGOON CRESCENT
Address complement	#08-307
Postcode	531473
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)	0
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

PLS REFER TO THE ATTACHED STATEMENT.

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	YP9329M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SARDAR RUBEL
Passport No/FIN	0XXXXX4635
Contact Number	(Phone) +65-81965847
Address	-

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

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation**.
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 6/9/2021

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

06/09/21
Witnessed by Reporting Centre Personnel

Sketch Plan

LOR 4 TOA PAYOH BEHIND BLK 92
CARPARK

A-SMF8553H
B-4P9329M

Describe Circumstances of the Accident

On the 5th of September, I parked my vehicle SMF8553H at the carpark behind BIK920. There was a Lorry YP9329M next to me.

When I returned after attending to my marketing, I found a note attached to my wiper. Follow that I realise that my car was damaged and Scratched. (position is the side mirror and the door)

The Lorry's driver had admitted that was his fault and agreed to claim insurance.

Declaration

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

Policyholder's Signature / Date & Time 6/9/2021 9:45 a.m

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

Witnessed by Reporting Centre Personnel 06/09/21

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10


120
140
160
100
180
80
200
60
220
40
240
20
260
2191.8
km
130804
P R N D
09:44
30.0°C
km/h
3
2
1


DAIMLER AG
WDD2040312A795340
2000 kg
945 kg
1085 kg
Mercedes-Benz
MY2013
792
TYP: 204
PZ: 6
1,0 %
Made in Germany

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921960005 Vehicle Registration No: SMF8553H

Name (as shown in NRIC): NG SAY SIONG NRIC/FIN/Passport No: SXXXX531H

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: BLK 473A UPPER SERANGOON CRES #08-307 Singapore (551473)

Contact (Tel): Mobile No.: 90601188

Email Address:

Date of Accident: 05/09/21 Time of Accident: 1000

Place of Accident: LOR 4 TOA PAYOH BEHIND BLK 92 CARPARK

Insurance Company: CHINA TAIPING

(B) ADDITIONAL INFORMATION /AMENDMENTS:

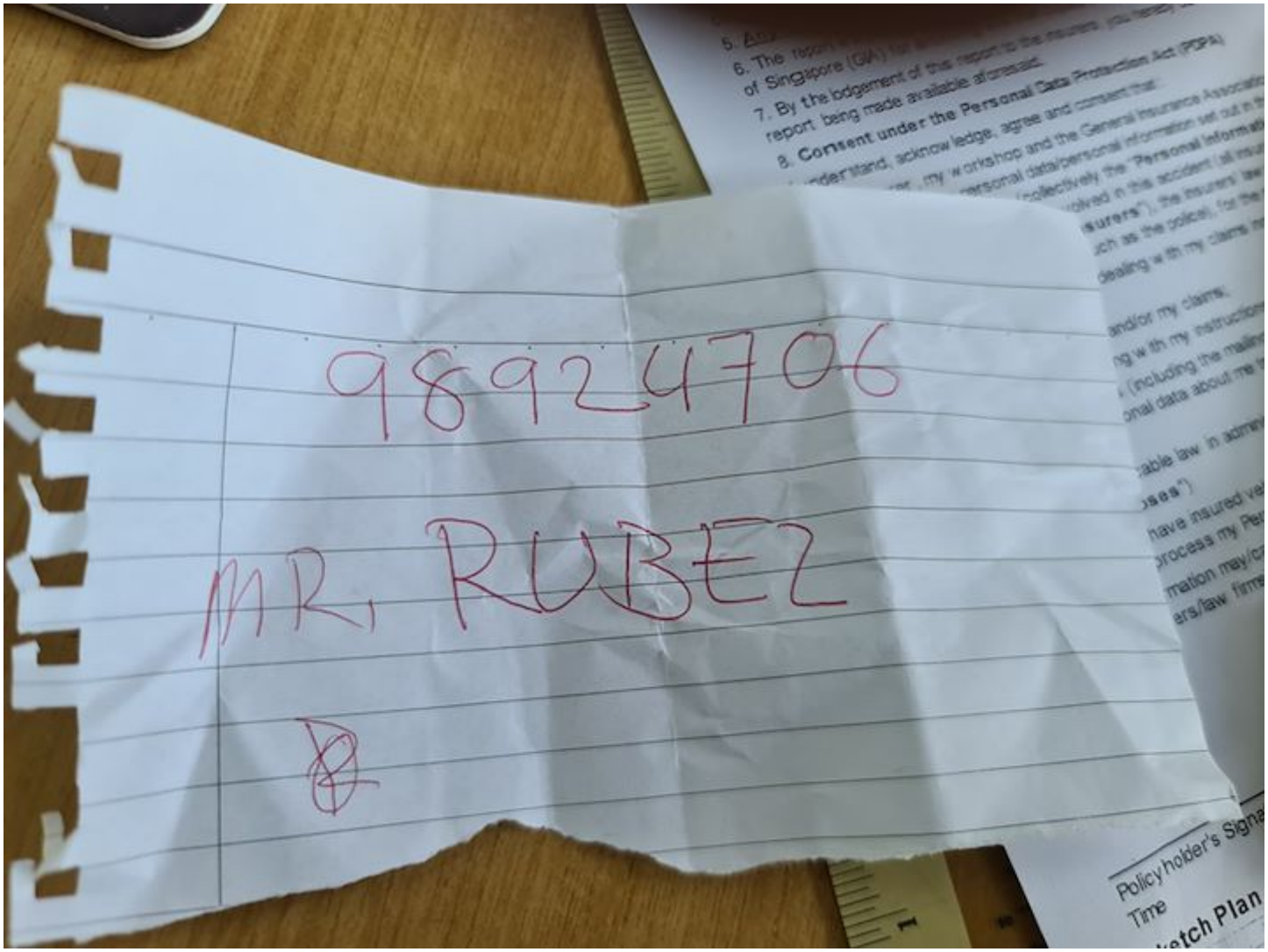
I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND EMAIL ADDRESS: anthonyng buttons @ gmail . com

Policyholder / Driver's Signature
Date:

16/09/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARMC Addendum Form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MR. RUBEZ