

37 KAN FOOK SING MOTOR WORKSHOP [417883]  
DATE & TIME: 03/09/2021 17:55 (SGT)  
REPORTED BY: Darrell Lek Siu Eng  
DATE: 03/09/2021 17:55 (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 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	03/09/2021 17:55 (SGT)
Date of Accident	02/09/2021 19:52 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES STREET 32
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU1695Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SENG KOK CHENG (CHENG GUOQING)
NRIC No	S7103190Z
Email Address	WILSONPAYNOW@GMAIL.COM
Mobile Phone No	(Phone) +65-94550402
Alternative Phone No	+65-94550402

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1797

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Is it a Fleet Policy?	No
Policy Number	5118337040-01
Over Note Number	-

#### DRIVER

Name of Driver	JIN NANNAN
IC No	S8780955B

12/08/1987  
 Indoor  
 27/05/2014  
 7 YEARS AND 4 MONTHS  
 Female  
 (Phone) +65-94241883  
 -  
 JINNANNAN1987@ICLOUD.COM  
 61 TAMPINES CENTRAL 7 #10-21  
 -  
 528595  
 No  
 Spouse  
 No  
 -  
 -  
 -

#### 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

#### REFER TO REPORT ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? Yes  
 Was there any video captured by Car Camera? Yes  
 Reasons for not uploading a video of the accident TOO LARGE TO UPLOAD  
 Was there any audio recorded? No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMU8013X  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Private car  
 Name of Driver -  
 Contact Number -  
 Address -



# SKETCH PLAN

## IMPORTANT NOTICE

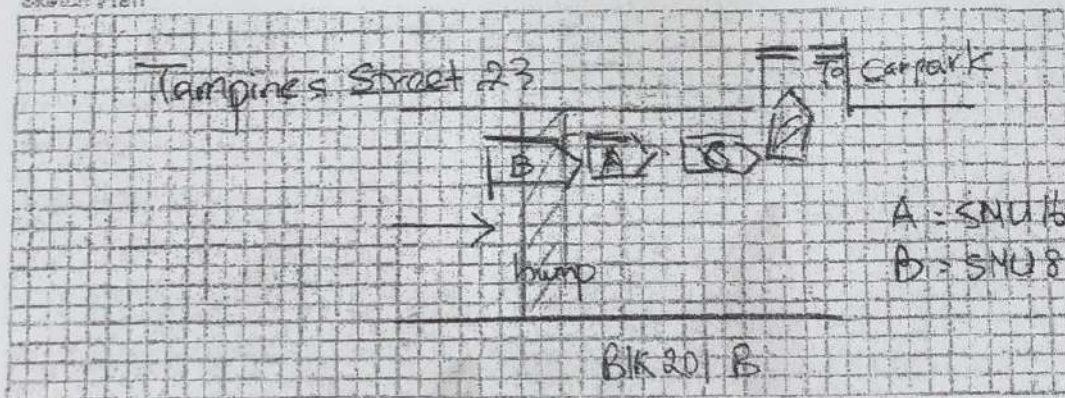
1. Please report correctly the details of the accident to speed up the claims process.
  2. This Form must be completed by the Pollholder and/or the Authorized Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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.
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  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 thereafter.
  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 Ministry, 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 investigation 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, 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")
  - (c) 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
  - (e) my Personal Information may/are be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), or may be used 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

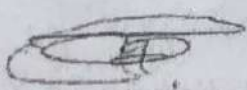



Describe Circumstances of the Accident

I was travelling along Tampines Street 23 on my way home. I stopped behind car C as there was 2 cars in front of me waiting to turn into the carpark. Suddenly car B, SMU 13X came from behind and hit my rear.


Declaration

I do declare the foregoing particulars as true in every respect.

  
Policyholder's Signature / Date & Time

 2021/09/03  
Driver's Signature (if driver is not the policyholder) / Date & Time

1550

  
Witnessed by Reporting Centre Personnel