

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	13/10/2021 16:45 (SGT)
Date of Accident	13/10/2021 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	15 FLOWER ROAD - CATHOLIC KINDERGARDEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCG5007B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GUAN ZHILIN
NRIC No	S9575734J
Email Address	BENEDICT.ONUS@GMAIL.COM
Mobile Phone No	(Phone) +65-94240729
Alternative Phone No	+65-94240729

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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	5120361412
Cover Note Number	23/12/2020 - 14/01/2022

DRIVER

Name of Driver	HENG ZHENG YI, BENEDICT
NRIC No	S8908829A

Date Of Birth	14/03/1989
Occupation	Indoor
Date Of Driving Pass	23/10/2009
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-96372834
Alt. Phone Number	-
Email Address	BENEDICT.ONUS@GMAIL.COM
Address	BLK 415A NORTSHORE DRIVE #15-541
Address complement	-
Postcode	821415
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SON
Gender	Male

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?	Yes
Reasons for not uploading a video of the accident	NOT SURE IF CAMERA IS WORKING
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX8693C
Vehicle Manufacturer	Honda
Vehicle Model	City
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	LEE HOCK CHUAN
NRIC No	S1129507Z
Contact Number	(Phone) +65-97608138
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT RIGHT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

NTUC Income Motor Service Centre

Vehicle No:

Report Date: 13/10/2021 Start Time: 4:22 PM

Report No: MF

D.O.A:

Make Model:

Reporting Type:

End Time:

SKETCH PLAN

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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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.

13/10/2021 16:22

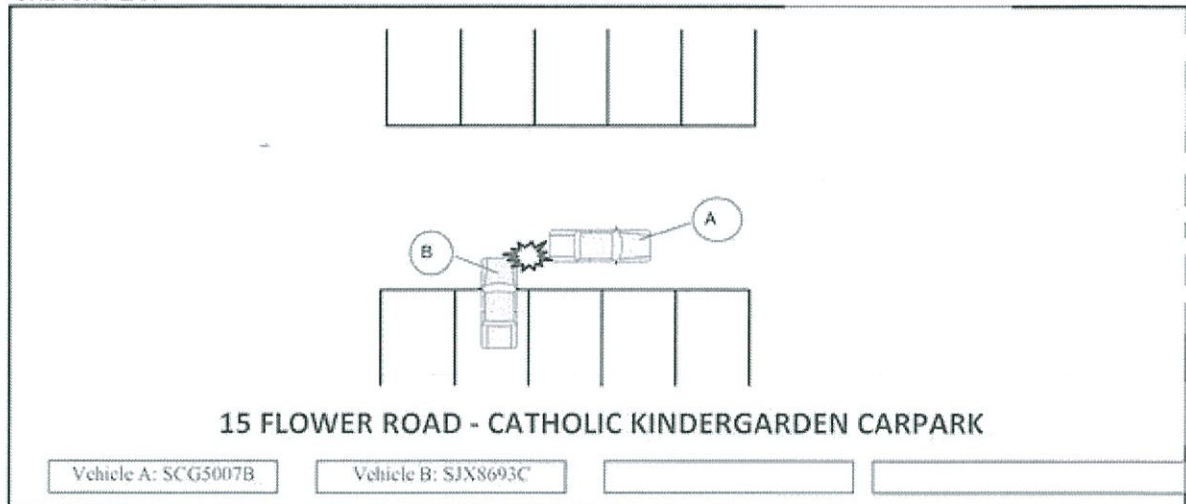
13/10/2021 16:22

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

SKETCH PLAN



MY VEHICLE WAS WAITING INSIDE 15 FLOWER ROAD - CATHOLIC KINDERGARDEN CARPARK TO PICK UP MY CHILD. THERE WAS ONE UNKNOWN VEHICLE IN FRONT OF ME WHOM WANTED TO PARK INTO THE VACANT CARPARK LOT. I CHECKED THAT THERE WAS NO VEHICLE BEHIND MY VEHICLE AND I PROCEED TO REVERSE BACKWARD TO GIVE WAY TO THE FRONT VEHICLE. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE REAR RIGHT PORTION. VEHICLE B WAS MOVING OUT FROM HIS CARPARK LOT. NO ONE WAS INJURED.

DECLARATION

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

13/10/2021 16:22

Policyholder's Signature
Date & Time:

Ben

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

13/10/2021 16:22

[Signature]

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765