

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 31/03/2021 18:51 (SGT)
Date of Accident 30/03/2021 15:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CARPARK LOT 17 ALONG HONG KONG STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP4291Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH KUAN KEAT (WU GUANGJIE)
NRIC No S7237145C
Email Address furto888@yahoo.com.sg
Mobile Phone No (Phone) +65-97937823
Alternative Phone No +65-97937823

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model LANCER 1.5 MIVEC GLS 4A/T
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 1499

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5108854990-01
Cover Note Number -

DRIVER

Name of Driver GOH KUAN KEAT (WU GUANGJIE)
NRIC No S7237145C

Date Of Birth	09/10/1972
Occupation	Indoor
Date Of Driving Pass	30/10/1993
Driving experience	27 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97937823
Alt. Phone Number	+65-97937823
Email Address	furto888@yahoo.com.sg
Address	BLK 45 HINDHEDE WALK #04-05
Address complement	-
Postcode	587978
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 material 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

-

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	GBB5623K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HAN XI
Passport No/FIN	G2365622T
Contact Number	(Phone) +65-84631139
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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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.

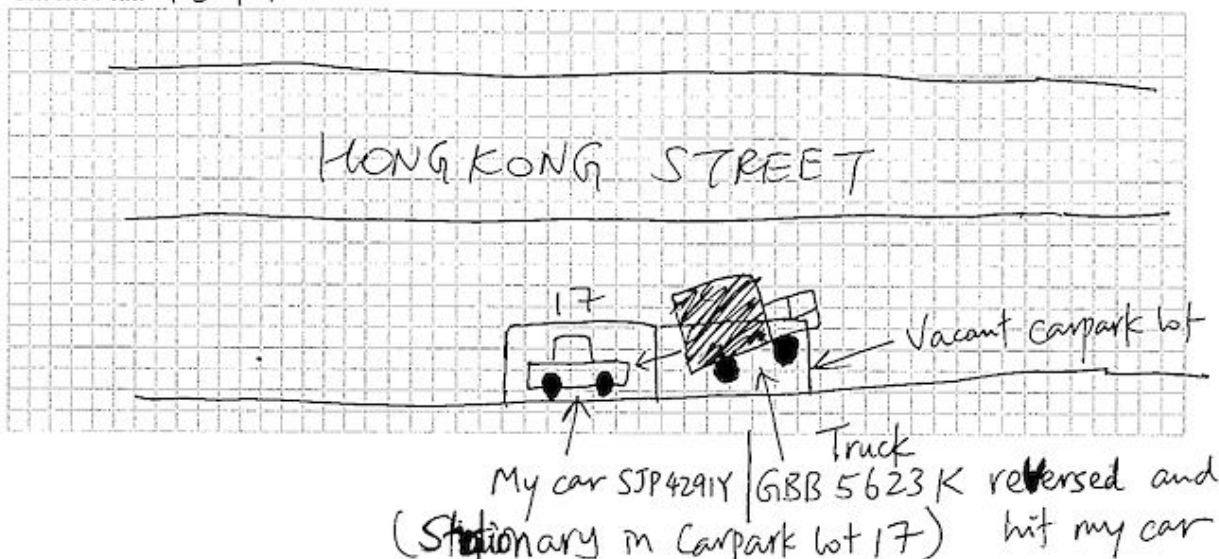
Goh Kuan Keat
97937823

Policyholder's Signature / Date &
Time 31 MAR 2021

Sketch Plan 4:20 PM

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

W
Witnessed by Reporting Centre
Personnel



Describe Circumstances of the Accident

LICENSE PLATE: SJP 4291Y	ACCIDENT DATE & TIME: 30 MAR 2021 3.30 PM
CONTACT NUMBER: 97937823	E-MAIL ADDRESS: futro888@yahoo.com.sg
LOCATION: Carpark Lot 17 along Hongkong Street.	
1. On 30 Mar 2021, I parallel parked my car SJP 4291Y at Carpark Lot 17 along Hongkong Street at 3.20 pm. I waited in my car as I was waiting for a Deliveryman. The carpark lot in front of my car was vacant.	
2. At about 3.30 pm, a truck arrived at Hongkong Street and the truck reversed parked into the vacant lot in front of my car. The truck (GGB 5623K) reversed towards my car and I honked at the truck. However, the truck did not stop and eventually the truck hit the front of my car and dented the car.	
3. The driver came down and I confronted him. He denied that he hit my car. I asked for his ID and Driving Licence but he refused to give me. As a result, I called 999 and a Traffic Police came down to scene.	
4. Eventually, the driver showed his ID (Han Xi G2365622T) and his mobile number is 8463 1139.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

31 MAR 2021

4.20 PM

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

Witnessed by Reporting Centre Personnel

