

# 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 .....	29/10/2021 17:29 (SGT)
Date of Accident .....	29/10/2021 14:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF YISHUN AVE 7/ YISHUN IND PARK A
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLZ4962T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	PHUA LIAN CHYE
NRIC No .....	S1492539B
Email Address .....	phuaminghong@gmail.com
Mobile Phone No .....	(Phone) +65-91129916
Alternative Phone No .....	+65-91129916

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E 250CGI
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 .....	1796

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	5111273918-02
Cover Note Number .....	16/03/2021 -15/03/2022

### DRIVER

Name of Driver .....	PHUA MING HONG
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Date Of Birth .....	24/05/1990
Occupation .....	Indoor
Date Of Driving Pass .....	09/09/2010
Driving experience .....	11 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91129916
Alt. Phone Number .....	-
Email Address .....	phuaminghong@gmail.com
Address .....	BLK 133 #02-189 YISHUN ST 11
Address complement .....	-
Postcode .....	760133
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 - 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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	FRIEND
Gender .....	Male

#### PASSENGER 2

Name .....	FRIEND
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

TRAFFIC LIGHT TURNED RED. I SLOWLY CAME TO A STOP. THE NEXT MOMENT, I FELT A GREAT IMPACT ON MY REAR AND REALIZED M/VAN(B) HAD COLLIDED ONTO MY VEHICLE. I GOT DOWN MY VEHICLE TO CHECK. DRIVER OF SAID VAN ALSO CAME DOWN AND APOLOGIZED. UPON CHECKING, I DISCOVERED MY REAR PORTION SUSTAINED DAMAGES AND MY DRIVER SEAT HEADREST AIRBAG WAS ALSO ACTIVATED. I HAVE 2 PASSENGERS ONBOARD. NO INJURIES ON ANYONE.

#### 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 .....	SEND TO NTUC
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBG5234Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	RENGASAMY SIVASANKAR
NRIC No .....	S7762147D
Contact Number .....	(Phone) +65-92479568
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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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.

1. VEHICLE NO.: SLZ4962T  
2. INSURER CO.: NTNC  
3. ACCIDENT DATE & TIME: 29/10/21  
@ 240pm

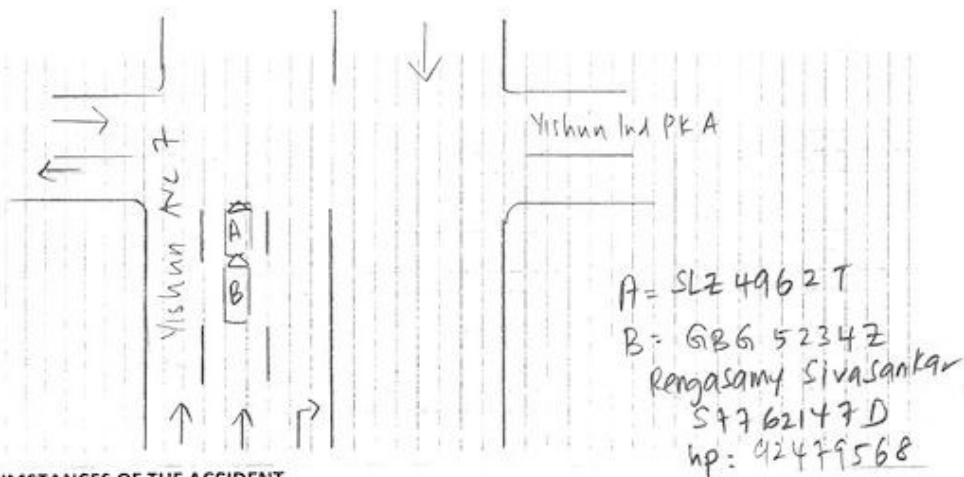
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel CYS

**Sketch Plan**

PLEASE TURN OVER



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

DOA: 29/10/21

Time : 240pm

Traffic light turned red. I slowly came to a stop.

The next moment, I felt a great impact on my rear and realized m/van (B) had collided onto my vehicle.

I got down my vehicle to check - Driver of said van also came down and apologized - Upon checking, I discovered my rear portion sustained damages and my driver seat headrest airbag also activated.

I have 2 passengers onboard - No injuries on anyone.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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

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

Reporting Centre Personnel's Signature  
Name: *Eleda* (YS)  
NRIC/FIN No.:

( ) Claim Own Policy    ( ☒ ) Claim Third Party    ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( \_\_\_\_\_ )





















