

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	26/10/2021 18:40 (SGT)
Date of Accident	25/10/2021 13:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOR 1 TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2096G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ESTATE OF TAN TAI CHONG
NRIC No	SXXXX254D
Email Address	destanwork@gmail.com
Mobile Phone No	(Phone) +65-90129795
Alternative Phone No	+65-90129795

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	GETZ1.4 5DRA
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	1399

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5094800884-03
Cover Note Number	24/11/2020-23/11/2021

DRIVER

Name of Driver	TAN AIK MENG, DESMOND(CHEN YIMING,DESMOND)
NRIC No	SXXXX940G

Date Of Birth	11/08/1979
Occupation	Indoor
Date Of Driving Pass	06/07/2009
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90129795
Alt. Phone Number	-
Email Address	destanwork@gmail.com
Address	BLK 491 ADMIRALTY LINK #14-197
Address complement	-
Postcode	750491
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	Wet

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

ON 25/10/2021, I (SJU2096G) WAS TURNING RIGHT FROM LOR 2 TOA PAYOH TO LOR 1 TOA PAYOH AT 1.55PM, ALONG THE WAY SECOND LANE, THERE IS A TRAFFIC JAM DURING THAT TIME. I (SJU2096G) WAS STOPPING STATIONARY STUCK AT JAM UNABLE TO MOVE. A CAR(SJS47Y) TOYOTA CAMRY WAS BEHIND ME SUDDENLY DRIVE OUT VERY FAST FROM THE RIGHT AND KNOCK ON MY RIGHT SIDE REAR BUMPER GUARD. THE OWNER(SJS47Y) STOP AT ROAD SIDE AND ONLY ALLOW ME TO TAKE PHOTO BUT REFUSE TO EXCHANGE CONTACT AND PARTICULAR. HE JUST WANT TO QUICKLY RUN AWAY AND ASK ME TO SETTLE WITH INSURANCE.

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	SJS47Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

SKETCH PLAN

1. VEHICLE NO.: SJU 20966
 2. INSURER CO.: NTUC
 3. ACCIDENT DATE & TIME: 25/10/21
13:55pm

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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

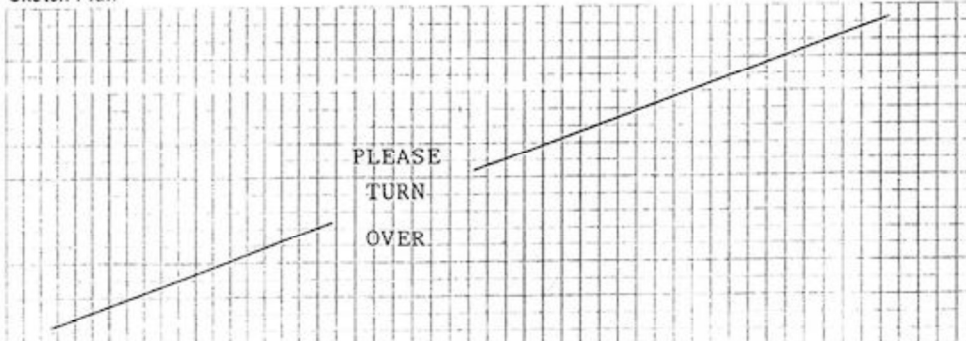
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

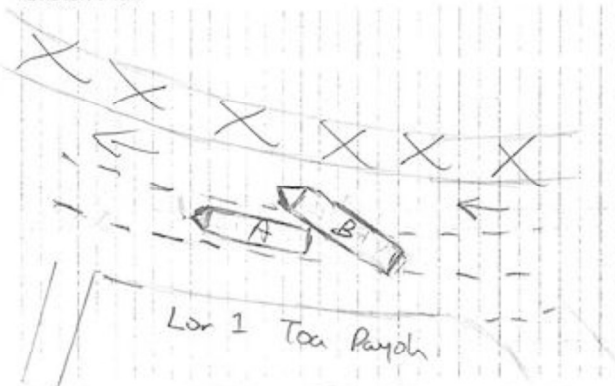
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan



A = SJU 2096G

B = SJS 47Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/10/2021, I (SJU 2096G) was turning right from Lor 2 Toa Payoh to Lor 1 Toa Payoh at 1:55pm, along the way at second lane, there is a traffic jam during that time. I (SJU 2096G) was stopping stationary stuck at jam unable to move. A car (SJS 47Y) Toyota Camry was behind me suddenly drive out very fast from the right and knock on my right side rear bumper guard. The owner (SJS 47Y) stop at road side and only allow me to take photo, ~~ask~~ but refuse to exchange contact and particular. He just want to quickly run away and ask me to settle with insurance.

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.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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