

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	03/11/2021 17:23 (SGT)
Date of Accident	02/11/2021 19:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LENTOR AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY51S
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INSURED/POLICYHOLDER

Is company?	No
Name of Registered Owner	PHUA YING HOCK
NRIC No	S1560150G
Email Address	teohleeeng38@gmail.com
Mobile Phone No	(Phone) +65-96605141
Alternative Phone No	+65-96605141

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180 AVG (R17 LED)
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	1595

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123847839
Cover Note Number	27/09/21 - 26/09/22

DRIVER

Name of Driver	PHUA YING HOCK
NRIC No	S1560150G

Date Of Birth	10/05/1962
Occupation	Indoor
Date Of Driving Pass	14/07/1982
Driving experience	39 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96605141
Alt. Phone Number	+65-96605141
Email Address	teohleeeng38@gmail.com
Address	BLK 324 ANG MO KIO AVE 3 #08-1876
Address complement	-
Postcode	560324
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	Side Swipe
Weather Conditions	Raining
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

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 ATTACHED (REPAIR BY T & S MOTOR SERVICE)

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	GBD2610G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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: SMY 513

2. INSURER DO: NTJLC

3. ACCIDENT
DATE & TIME: 2/11/21 19:00

IMPORTANT NOTICE

1. I make report personally the day of the accident to expedite the claims process. DATE & TIME: 20/03/17 17:00
2. I/we consent to interview by the Police Officer under the Automated Chief.
3. Information provided shall be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow Insurers to deny the claim.
4. The signature and acceptance of this Fourthly Insurance company is not an admission of policy liability on the part of the Insurer.
5. Any other relevant matters referred to the Police for investigation.
6. This report will be forwarded by the Insurer of the GR Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a long time made available upon application by authorised parties.
7. By the submission of this report to the Insurer, you hereby consent to the archiving of this report at the custody and control of the Insurer for future reference.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

(By the Signer, my undersigned and the Government of Singapore ("GOS") hereby is granted to collect, use, disclose and/or release any personal data/information not only in this form and/or any other personal information provided by me or submitted by my former employer the "Personal Information" and disclose and transfer such Personal Information to all necessary and/or third parties (including but not limited to the authorities) who have been authorized to collect, use, disclose and/or release such Personal Information in this matter and be released to the authorities for the "Reasons". All information and/or data from the Ministry of Home Affairs and/or relevant government agencies/authorities (such as the police, for the purposes of):

I, _____, hereby author and consent to my claims including the submission of the claims and any necessary investigation relating to the claims.

© 1999 by the copyright owner or my client.

(13) creating and/or further dealing with my liabilities or responding to my creditors by me;

[illegible]

(f) excepting with applicable law in establishing, processing, handling and/or filing with my claims.

(collectively the "Purposes")

(b) All individuals who have insured vehicles involved in this accident and the insurers' representative firms, require permission to collect, use, disclose and/or otherwise disseminate any Personal Information for use or release of the above purposes; and

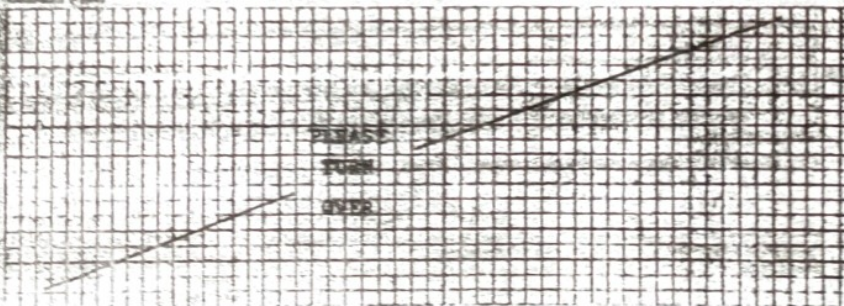
(d) my Personal Information might be disclosed by any of the parties under CTA to third party service providers or agents (including but not limited to Third Parties), which may be used outside of Singapore, for one or more of the above Purposes.

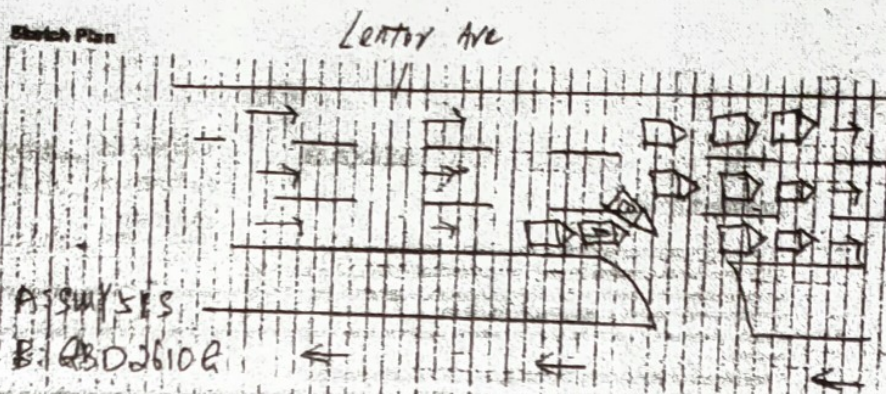
RS


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

(AME) ~~CPA~~ 3/11/21
Reviewed by: ~~Accounting Clerk~~
Prepared

Abstract





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/11/21 @ 19:10, I was driving along Leator Ave and was on the extreme right lane. It was heavy traffic conditions. Suddenly a vehicle QBD2610E from the 2nd lane (on my left) shift to my lane intended to make a left turning and crashed onto my front left portion of my car. Nobody was injured.

PS

Note: Please note that your insurer may have 14 days 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 to every aspect.

Policyholder's Signature
Date & Time:

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

(Name) 3/11/21
Reporting Officer's Signature
Name:
NRIC/ID No.:

() Claim Own Policy () Claim Third Party () Reporting Only
(x) Claim OD/TP at other workshop (T & S Motor Service)