

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 16/11/2021 12:14 (SGT)
Date of Accident 15/11/2021 16:20 (SGT)
Exact Location of Accident 7 Mandai Link, Singapore 728664
Additional Location Information 7 Mandai Link #06-30 Se 728653
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ6904Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner EA BOON KEONG
NRIC No SXXXX486H
Email Address lai_ann24@yahoo.com
Mobile Phone No (Phone) +65-92644946
Alternative Phone No (Home) +65-92644946

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5117317571-01
Cover Note Number -

DRIVER

Name of Driver Lai Choi Kang
NRIC No SXXXX597A

Date Of Birth	04/02/1981
Occupation	Outdoor
Date Of Driving Pass	27/02/2012
Driving experience	9 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93850684
Alt. Phone Number	-
Email Address	lai_ann24@yahoo.com
Address	BLK 353 ANG MO KIO ST 32 #15-137
Address complement	-
Postcode	560353
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	Hit and run / Vandalism / Damaged whilst parked
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)	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

MY VEHICLE A WAS STATIONARY PARKED AT MY COMPANY UNIT AND I WAS NOT IN THE CAR. AWHILE LATER WHEN I CAME OUT OF MY OFFICE AND I SPOTTED VEHICLE B WHILE DOING THE REVERSING, IT'S REAR LEFT HIT AND GRAZED AGAINST MY VEHICLE'S REAR RIGHT SIDE. THE DRIVER OF VEHICLE B ACTUALLY WANTED TO COMPENSATE ME BUT WAS UNSUCCESSFULLY. AT LAST WE AGREED TO SEEK FOR INSURANCE CLAIM.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS6228C
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93876619

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

SKETCH PLAN**IMPORTANT NOTICE**

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

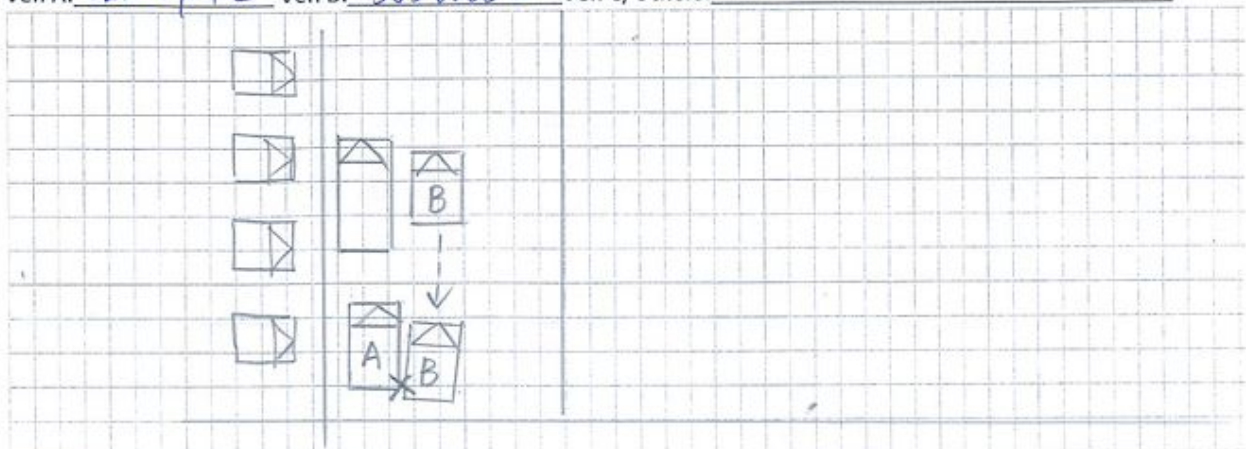
Policyholder's Signature Date
& Time:

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

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

SKETCH PLAN

Date & Time of Accident: 15.11.21 / 4.20pm Location: 7 Mandai Link #06-30 Se 728653
 Veh A: SLZ 6904Z Veh B: SJS 6228C Veh C/Others: -



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Veh A was stationary parked at my company unit and I was not in the car. A while later when I came out of my office and I spotted Veh B while doing the reversing, it's rear left hit and grazed against my veh's rear right side. The driver of veh B actually wanted to compensate me but was unsuccessful. At last we agreed to seek for insurance claim.

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

☐ Own Damage Claim at Lim Tan Motor ☒ TP Claim at Lim Tan Motor
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : _____

My/Our email : _____

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.:

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2





























