

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 02/12/2021 16:51 (SGT)
Date of Accident 02/12/2021 10:51 (SGT)
Exact Location of Accident Geylang Rd, Singapore
Additional Location Information 123 GEYLANG ROAD SINGAPORE 389223
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP5255Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LUA KIM HENG
NRIC No S6966587Z
Email Address hawhaw97@hotmail.com
Mobile Phone No (Phone) +65-87427927
Alternative Phone No +65-87427927

VEHICLE PARTICULARS

Manufacturer Mazda
Model 5
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 2000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5091767024-04
Cover Note Number -

DRIVER

Name of Driver LUA MUN HAW
NRIC No S9775281H

Date Of Birth	26/10/1997
Occupation	Indoor
Date Of Driving Pass	08/12/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-87427927
Alt. Phone Number	-
Email Address	hawhaw97@hotmail.com
Address	BLK 17 MARISLING LANE
Address complement	#14-229
Postcode	730017
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	Collided into Parked Vehicle
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)	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 02/12/2021 AT 1051AM , I WAS AT 123 GEYLANG ROAD . I PARKED MY VEHICLE SLP5255Y AT THE PARKING LOT AND ALIGHTED TO COLLECT GOODS. I WAS NOT IN THE VEHICLE AT THE TIME. AFTER THAT , I HEARD A LOUD BANG AND NOTICED THAT YN 8849 X HIT THE REAR PORTION OF MY VEHICLE. WE EXCHANGED PARTICULARS , TOOK PHOTOS AND LEFT THE ACCIDENT SCENE.

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	YN8849X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YEE KOK CHANG
Contact Number	(Phone) +65-91255527

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

Describe Circumstances of the Accident

On 2/12/2021 at 10:51 am, I was at 123 Gaylang Rd. I parked my vehicle SLP 5255 Y at the parking lot and alighted to collect goods. I was not in the vehicle at the time. After that, I heard a loud bang and noticed that VN 8849X hit the rear portion of my vehicle. We exchanged particulars, took photos and left the accident scene.

Please Tick :

- ☐ I Claim OD/TP at Sui Brothers
- ☒ I Claim OD/TP at Other Workshop
- ☐ Reporting Only

Declaration

Name of W/Shop ALFRED AUTO Services & Supplies
Email Address alfredauto@hotmail.com

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

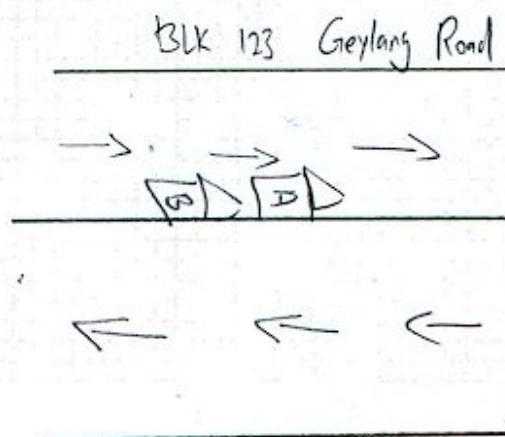
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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



(A) SLP 5255Y
(B) YN 8849X









