

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	03/12/2021 16:01 (SGT)
Date of Accident	02/12/2021 12:00 (SGT)
Exact Location of Accident	19 Upper Boon Keng Rd, Block 19, Singapore 380019
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT1021K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JW MOTORS PTE. LTD.
Company Reg No	2XXXXX169M
Email Address	mafchng@gmail.com
Mobile Phone No	(Phone) +65-97877657
Alternative Phone No	(Home) +65-97877657

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5123820436
Cover Note Number	-

DRIVER

Name of Driver	MAVARICK CHNG TIONG GIM
NRIC No	SXXXX074F

Date Of Birth	15/03/1971
Occupation	Outdoor
Date Of Driving Pass	08/08/2002
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98800585
Alt. Phone Number	-
Email Address	mafchng@gmail.com
Address	75 LORONG 3 GEYLANG
Address complement	#03-02
Postcode	388869
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED

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	GBE7948U
Vehicle Manufacturer	Nissan
Vehicle Model	Nv350
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	CHEN JIANQING
Contact Number	(Phone) +65-96693105
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MAVARICK CHNG TIONG GIM
Gender	Male
Phone No	(Phone) +65-98800585
Address	75 LORONG 3 GEYLANG
Address Complement	#03-02
Post Code	388869
Approximate Age Years Old	50
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SLT1021K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



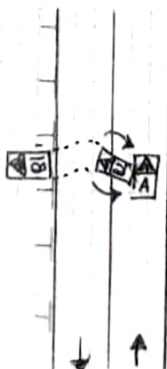
[Handwritten signature]

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Co. Reg. No. 201316685C
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan



VEHICLE A : SLT1021K
VEHICLE B : 6BE 79484

Describe Circumstances of the Accident

ON THE STATED DATE AND TIME, I VEHICLE A (SLT 1021 K) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, I FELT A HUGE IMPACT ON THE LEFT SIDE PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT VEHICLE B (GBE 7948 U) WHO HAVE COLLIDED ONTO MY VEHICLE WHILE REVERSING OUT OF HIS PARKING LOT.

I WOULD WISH TO STATE THAT I SLOWED FOWN, HORNED AT VEHICLE B AND SWERVED TO THE RIGHT UPON REALISING VEHICLE B WAS GOING TO HIT ME BUT VEHICLE B STILL COLLIDED ONTO MY VEHICLE.



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]



Witnessed by Reporting Centre Personnel