

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION

Date of Accident:	11.12.2021	Time of Accident:	10.40 hrs
Exact Location:	Clementi Rd → AYE (Tuas)		

DETAILS OF OWN VEHICLE

Vehicle Registration No.	SKT 290T	NRIC / FIN / Passport no:	S7976994J
Name of Registered Owner:	Zhang Pei Qing		
Owner's Email:	Zhangpeiqing@kothmail.com		
Owner's Address:	Blk 313 Choa Chu Kang Ave 3 #05-08 (689860)		
Vehicle Make:	Citreon	Vehicle Model:	C4 Picasso
Engine Capacity (cc):	1.600	Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	NTUC Income		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	5120701256		

DRIVER

Name of Driver:	☒ same as		
NRIC / FIN / Passport no:	S7976994J	Date of Birth:	29.7.1979
Occupation:	Indoor / Outdoor	Driving Pass Date:	24.2.2014
Contact Number:	90709201	Gender:	Male / Female
Address:	Blk 313 Choa Chu Kang Ave 3 #05-08		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:		

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:		
Road Surface:	Dry / Wet / Others:		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	3 (2 passenger M D F)		

DETAILS OF OTHER VEHICLE

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	XD 6106J		
Vehicle Make / Model:	Mit		
Name of Driver:	Tan Tiong Hua		
NRIC / FIN / Passport no:	S1219992I		
Contact Number:	97505651		
Name of Insurance Co:			

DETAILS OF WITNESSES

Name:	NIL	Contact Info:	
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DETAILS OF INJURED PERSON

	Person 1	Person 2	Person 3
Name / in which vehicle?:	NIL		

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

SKETCH PLAN

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. The 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.

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

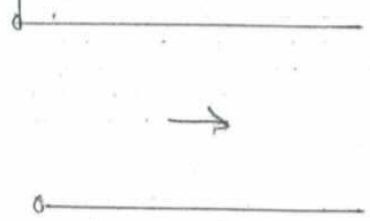
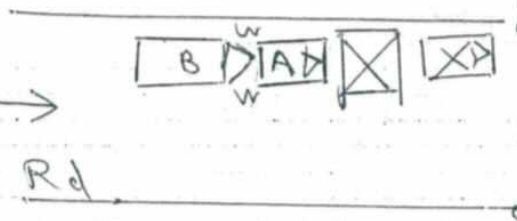
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Clementi Rd

A) SKT 290T

B) XD 6106J

Engg
shn

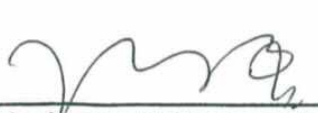
Describe Circumstances of the Accident

My car was stationary behind the yellow box before the red light traffic junction. A few seconds later, Veb (B) collided onto the rear of my car. We alighted, took photos & exchange particulars. There was no injuries then.

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

Witnessed by Reporting Centre Personnel