

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	13/12/2021 13:11 (SGT)
Date of Accident	12/12/2021 11:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS CITY BEFORE BRADDELL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5402X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	DAVID LOO KAM SUN
NRIC No	SXXXX398H
Email Address	A6679B@GMAIL.COM
Mobile Phone No	(Phone) +65-98231806
Alternative Phone No	(Home) +65-98231806

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121596106
Cover Note Number	-

DRIVER

Name of Driver	DARRELL LOO KAH MUN
NRIC No	SXXXX377Z

Date Of Birth	18/06/1991
Occupation	Outdoor
Date Of Driving Pass	18/12/2009
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-98231806
Alt. Phone Number	-
Email Address	A6679B@GMAIL.COM
Address	BLK 477C UPPER SERANGOON VIEW
Address complement	#19-584
Postcode	533477
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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
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 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	SMC8641C
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Attrage
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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)	-

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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, store 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 a third party who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the regulatory authority of Singapore and any other 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 in relation 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 may involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes or 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 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.

David Loo

Policyholder's Signature / Date & Time

Sketch Plan

by

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

[Signature]
Co Reg No. 20131855G

Witnessed by Reporting C Personnel

A B ←

←

←

*CTE toward city
Before Bras Basah Road*

(A) SMC5402X

(B) SMC8641C

On 12/12/2021 @ 11:30hrs, I was travelling along
 LTB towards city in my veh SMC 5402X in lane 1,
 the car in front slow down, I slow down suddenly,
 I felt an strong impact from the rear, I lane
 down and check, an veh SMC 8641C had collision on
 my rear. My rear was badly damage.

Declaration

We declare the foregoing particulars are true in every respect.

Naudhoo

Policyholder's Signature / Date &
 Time

h

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

[Signature]
 Co Reg No
 2017180850
 Witness
 Person