

# 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 ..... 08/12/2021 15:40 (SGT)  
Date of Accident ..... 07/12/2021 19:16 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ANG MO KIO AVE 5  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGC101T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIU LIJING  
NRIC No ..... SXXXX323F  
Email Address ..... 330540408@QQ.COM  
Mobile Phone No ..... (Phone) +65-93379118  
Alternative Phone No ..... +65-93379118

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Picnic  
Variant ..... TOYOTA / PICNIC AUTO W/O ROOF RACK  
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 ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5057287970-08  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TANG WANGSI  
Passport No/FIN ..... GXXXX263N

Date Of Birth .....	07/02/1989
Occupation .....	Indoor
Date Of Driving Pass .....	30/06/2021
Driving experience .....	6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91839188
Alt. Phone Number .....	-
Email Address .....	330540408@QQ.COM
Address .....	79 PASIR RIS GROVE
Address complement .....	03-39
Postcode .....	518209
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	LI YA TING
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

I WAS DRIVING ALONG ANG MO KIO AVE 5. MY VEHICLE WAS STATIONARY, SUDDENLY I FELT IMPACT FROM BEHIND AND REALIZED VEHICLE GBC3429M HIT ONTO MY VEHICLE REAR PORTION. IT CAUSED MY VEHICLE MOVED FORWARD AND KNOCK INTO VEHICLE SFA1999K. OWNER OF SFA1999K HAS AGREE TO PRIVATE SETTLEMENT. KINDLY REFER ATTACHED. THERE WAS NO VIDEO EVIDENCES AFTER WE CHECK SD CARD. VEHICLE WILL CLAIM REPAIR UNDER CHEW GOON MOTOR.

#### 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 .....	GBC3429M
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SFA1999K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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**

ASGC1017

B GBC3429M

C SFA1999K

**Describe Circumstances of the Accident**

refer to attaded

Vehicle claim repair under KUAN SERVICES AND REPAIR

Vehicle claims repair under Chembrin Motor.

### Declaration

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

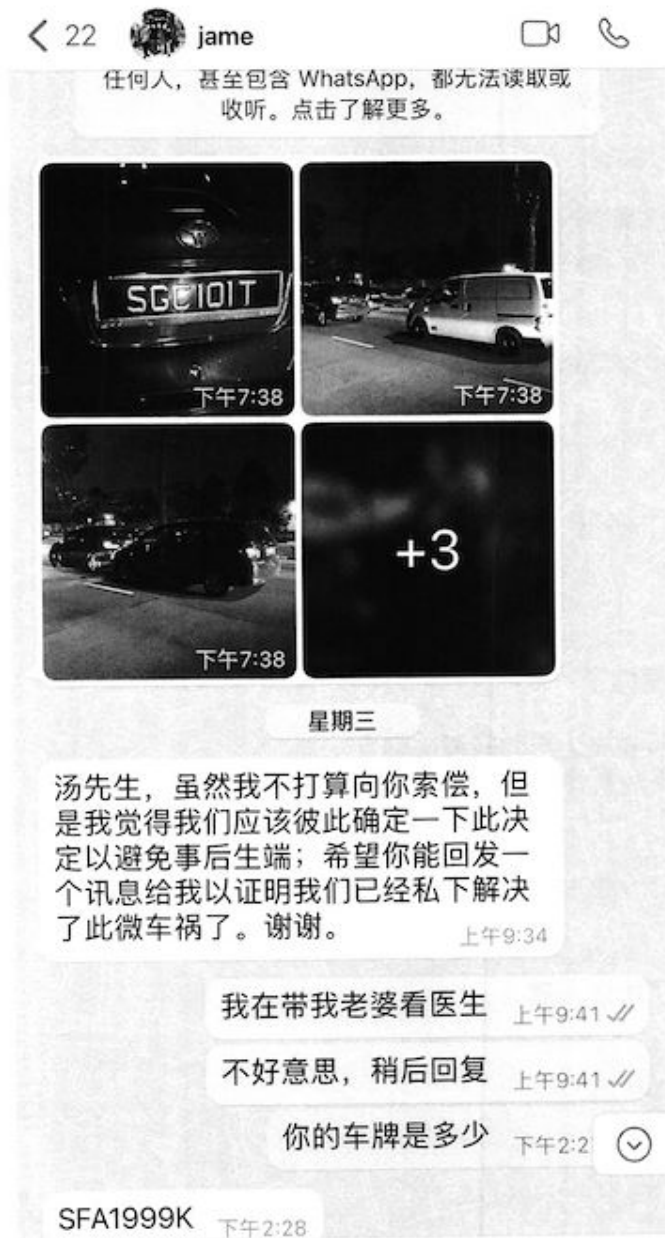
Witnessed by Reporting Centre  
Personnel

98079316 (See Junsiang)  
9799 3320 (Mr Leo)

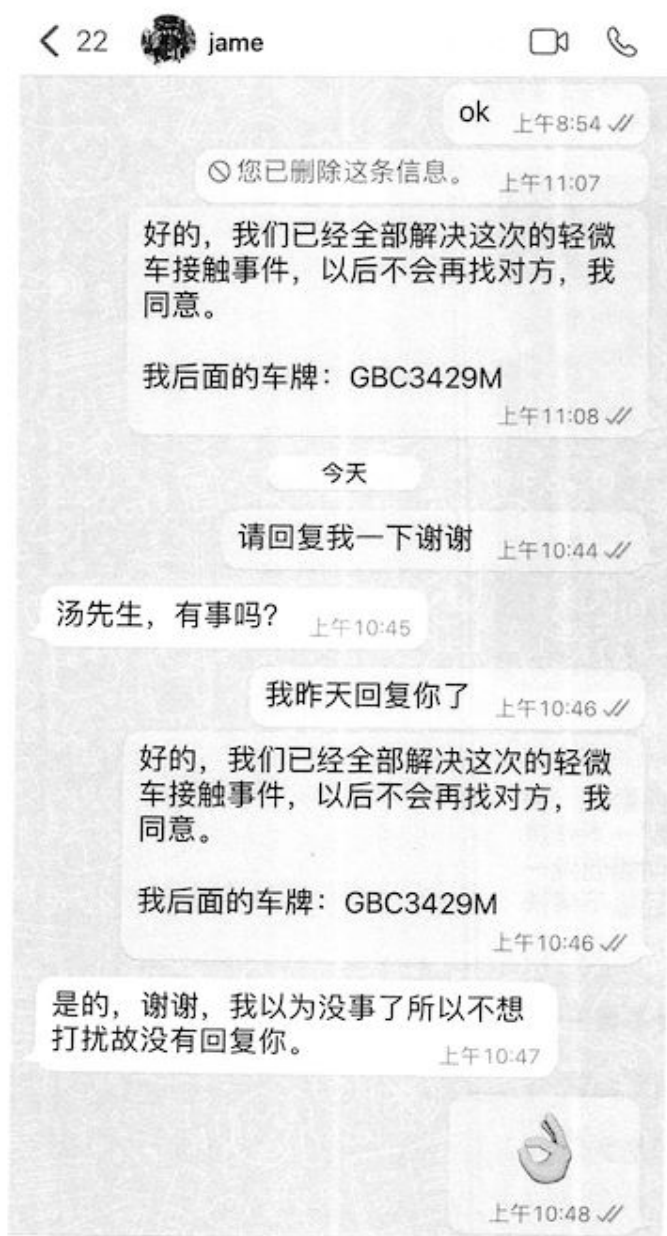
i See JUN SIANG Having a accident AT  
AMK AVENUE 5 7.15pm 7th December.

SFA 1999K Having a emergency ~~break~~ break  
(GBC 3429M)  
After SGC 1017 and i a conf make my brake  
and having accident to SGC 1017. At the same  
Time, SGC 1017 & break at half way.

8/2



























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1Q21C80003 Vehicle Registration No: SGTC1017  
Name (as shown in NRIC) : Tang Wangsi NRIC/FIN/Passport No : 263N  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 7/10/21 Time of Accident : 19:14  
Place of Accident : ANG MO KIO AVE 5  
Insurance Company : NTUC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend :

I was driving along Ang Mo Kio Ave 5. My vehicle was stationary, suddenly I felt impact from behind and realized vehicle 6BC3429M hit into my vehicle rear portion. It caused my vehicle moved forward and knock into vehicle SFA 1999K. Owner of SFA 1999K has agree to private settlement. Kindly refer attached. There was no video evidences after we check SD card.

Policyholder / Driver's Signature  
Date:

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

GIARMC amended report V3