

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	17/12/2021 19:20 (SGT)
Date of Accident	17/12/2021 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INFRONT OF #01-260,BLK 1017 YISHUN IND PARK A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC5517D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WELTUNE AUTO SERVICES
Company Reg No	3XXXX100D
Email Address	phuaminghong@gmail.com
Mobile Phone No	(Phone) +65-91129916
Alternative Phone No	+65-91129916

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	316CDI/3665
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motor trade
Transmission	Manual
CC	2143

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5122176519
Cover Note Number	17/5/21-16/5/22

DRIVER

Name of Driver	PHUA MING HONG
NRIC No	SXXXX113J

Date Of Birth	24/05/1990
Occupation	Indoor
Date Of Driving Pass	09/09/2010
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91129916
Alt. Phone Number	-
Email Address	phuaminghong@gmail.com
Address	BLK 133 YISHUN ST 11 #02-189
Address complement	-
Postcode	760133
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	SLIGHT DRIZZLE
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)	0
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

M/VAN(A) WAS PARKED STATIONARY INFRONT OF OUR PREMISE,#01-260. OUR NEIGHBOUR CALLED US TO INFORM THAT A M/CAR(B) HAD COLLIDED ONTO VAN(A). WE CAME TO SCENE AND FOUND OUR VAN(A) WAS PUSHED TO THE LEFT AND HIT ONTO CONTAINER/BARREL ON THE LEFT. THE DRIVER OF CAR(B) WAITED FOR US AND HAD PROVIDED HIS PARTICULARS.

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	SMU6931J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE WEI NENG
NRIC No	SXXXX790H

Contact Number	(Phone) +65-87883011
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

1. VEHICLE NO.: GBC 5517D
 2. INSURER CO.: NTNC
 3. ACCIDENT
 DATE & TIME: 17-12-21
@ 0745hrs

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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.
 (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.

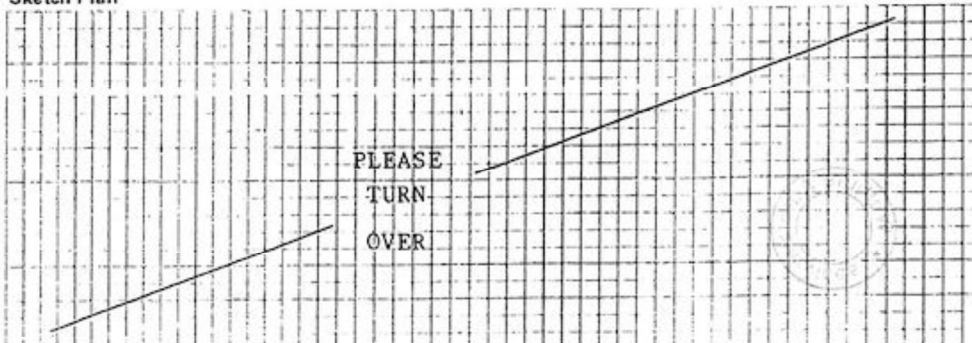


Policyholder's Signature / Date & Time

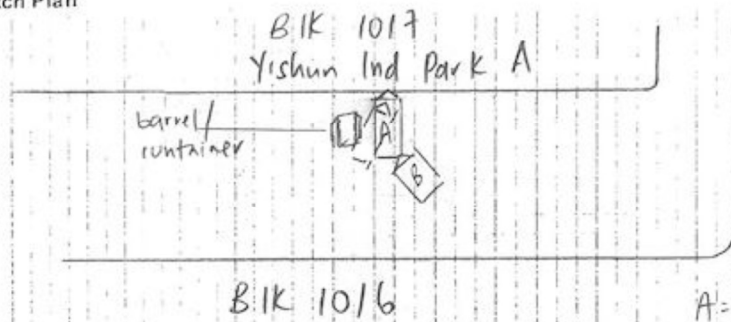
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan



A = GBC 5517 D
 B = SMU 6931 J
 Lee Wei Neng
 S8817790 H
 hp: 8788 3011

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date: 17/12/21 Time: 0945hrs.

m/van (A) was parked stationary in front of our premise #01-260. Our neighbour called us to inform that a m/car (B) had collided onto van (A).

We came to scene and found our van (A) was pushed to the left and hit onto container/barrel on the left. The driver of car (B) waited for us and had provided his particulars.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

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

() Claim Own Policy () Claim Third Party () Reporting Only
 () Claim OD/TP at other workshop ()