SS1722250001 / SIN MING AUTOCARE BFG PTE LTD ENTRY DATE & TIME: 07/02/2022 09:41 (SGT) SUBMITTED BY: SMBFG Admin VERSION: 1 (07/02/2022 09:41 (SGT))



# **G** 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 witholding 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 07/02/2022 09:41 (SGT) **Date of Accident** 04/02/2022 12:55 (SGT) Exact Location of Accident SLE, Singapore Additional Location Information Country/State of Loss

Y-JUNCTION BETWEEN SLE AND LENTOR EXIT

Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLH23A

#### INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner **CHONG CHOO FAH** NRIC No SXXXX471A Email Address aoxinxin@gmail.com Mobile Phone No (Phone) +65-96616017 Alternative Phone No +65-96616017

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes Model Cla180 Variant ..... 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 1595

#### **INSURANCE COMPANY**

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number 5124742379 Cover Note Number

# DRIVER

Name of Driver WANG ZHENZHEN NRIC No SXXXX947A

### SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
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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.
- 5. Consent under the Personal Data Protection Act (PDPA)

Tursterstand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") maytare permitted to collect, use, disclose another 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
- (i) investigating the accident and/or my claims;
- (a) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (v) administering my claims finduding 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 envelopeshnall
- (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 faw firms, maylare 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 alled outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Willnessed by Reporting Centre Personnel

Sketch Plan

BSLH35A

BGBE 70/60

CSCF 34A