



## 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	27/01/2022 13:33 (SGT)
Date of Accident	26/01/2022 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	X Junction Jalan Limau Kasturi & Jalan Limau Nipis
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS3023K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG TENG YIN
NRIC No	S8828594H
Email Address	VICTORIANGTY@GMAIL.COM
Mobile Phone No	(Phone) +65-97339713
Alternative Phone No	+65-97339713

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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
CC	1200

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123040894
Cover Note Number	-

#### DRIVER

Name of Driver	NG TENG YIN
NRIC No	S8828594H



Date Of Birth	06/08/1988
Occupation	Indoor
Date Of Driving Pass	05/10/2007
Driving experience	14 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97339713
Alt. Phone Number	+65-97339713
Email Address	VICTORIANGTY@GMAIL.COM
Address	BLK 160 #06-529 BEDOK SOUTH AVENUE 3
Address complement	-
Postcode	460160
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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)	1
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

REFER TO SKETCH PLAN

#### 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	SMP7475D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN HOWE YANG
NRIC No	S7905560C
Contact Number	(Phone) +65-97967952
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	Passenger
Gender	Male

SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 27.01.2022 13:22

Report No. MIT

D.O.A. 26/01/2022

Time: 17:30 hrs

Vehicle No. SMS3023K

Reporting Type:

**SKETCH PLAN**

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature / Date & Time

27/01/22 / 13:22

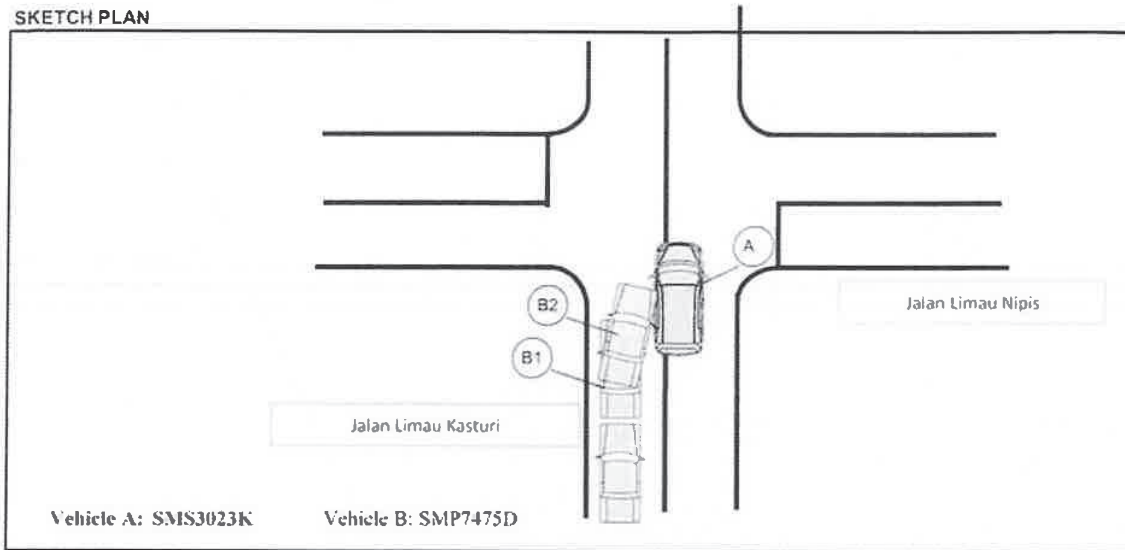
Driver's Signature (If driver is not the policyholder) / Date & Time

27/01/22 / 13:22

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



Vehicle A: SMS3023K

Vehicle B: SMP7475D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Jalan Limau Kasturi. As there were many vehicles parked by the side of road, I overtook the vehicles by the right. As I was reaching vehicle B, who was parked at the end of the road, I sounded my horn just in case any vehicle will just came along. However, vehicle B just moved forward from the stationary position and swerved to its right, intending to make a right turn into Jalan Limau Nipis. This resulted in the front right area of vehicle B to hit into the left front passenger's door area of my vehicle A.

Declaration

I/We declare the foregoing particulars are true in every respect.

  
 27/01/22 / 13:22  
 Policyholder's Signature / Date & Time

27/01/22 / 13:22  
 Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)  
 Customer Care Executive  
 Motor Service Centre



Witnessed by Reporting Centre Personnel