

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	07/02/2022 17:27 (SGT)
Date of Accident	07/02/2022 08:00 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 5 & Ang Mo Kio Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2957T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PANG YONG MING
NRIC No	SXXXX656F
Email Address	PANG.YONGMING2@GMAIL.COM
Mobile Phone No	(Phone) +65-93216657
Alternative Phone No	(Home) +65-93216657

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123064036
Cover Note Number	-

DRIVER

Name of Driver	PANG YONG SHENG
NRIC No	SXXXX984B

Date Of Birth	10/04/1990
Occupation	Indoor
Date Of Driving Pass	01/06/2010
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93216657
Alt. Phone Number	-
Email Address	PANG_YS90@HOTMAIL.COM
Address	131 ANG MO KIO AVENUE 3
Address complement	04-1593
Postcode	560131
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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 - Cross Junction
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)	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

PLEASE 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	SNC3455U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG YONG SENG
NRIC No	SXXXX697J
Contact Number	(Phone) +65-97457126
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	SKQ8235S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN BENG HO
Contact Number	(Phone) +65-91721356
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

REPORTING SERVICE

1. These reporting services are made available to assist in the claims process.
 2. This Form will be completed by the Policyholder and/or the Authorized Insurer.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or falsification of information 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. The 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.
 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' law firm/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' law firm/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 law firm/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 area with handwritten notes and diagrams. Includes labels for 'Vehicle 1', 'Vehicle 2', 'Vehicle 3', 'Vehicle 4', 'Vehicle 5', 'Vehicle 6', 'Vehicle 7', 'Vehicle 8', 'Vehicle 9', 'Vehicle 10', 'Vehicle 11', 'Vehicle 12', 'Vehicle 13', 'Vehicle 14', 'Vehicle 15', 'Vehicle 16', 'Vehicle 17', 'Vehicle 18', 'Vehicle 19', 'Vehicle 20', 'Vehicle 21', 'Vehicle 22', 'Vehicle 23', 'Vehicle 24', 'Vehicle 25', 'Vehicle 26', 'Vehicle 27', 'Vehicle 28', 'Vehicle 29', 'Vehicle 30', 'Vehicle 31', 'Vehicle 32', 'Vehicle 33', 'Vehicle 34', 'Vehicle 35', 'Vehicle 36', 'Vehicle 37', 'Vehicle 38', 'Vehicle 39', 'Vehicle 40', 'Vehicle 41', 'Vehicle 42', 'Vehicle 43', 'Vehicle 44', 'Vehicle 45', 'Vehicle 46', 'Vehicle 47', 'Vehicle 48', 'Vehicle 49', 'Vehicle 50', 'Vehicle 51', 'Vehicle 52', 'Vehicle 53', 'Vehicle 54', 'Vehicle 55', 'Vehicle 56', 'Vehicle 57', 'Vehicle 58', 'Vehicle 59', 'Vehicle 60', 'Vehicle 61', 'Vehicle 62', 'Vehicle 63', 'Vehicle 64', 'Vehicle 65', 'Vehicle 66', 'Vehicle 67', 'Vehicle 68', 'Vehicle 69', 'Vehicle 70', 'Vehicle 71', 'Vehicle 72', 'Vehicle 73', 'Vehicle 74', 'Vehicle 75', 'Vehicle 76', 'Vehicle 77', 'Vehicle 78', 'Vehicle 79', 'Vehicle 80', 'Vehicle 81', 'Vehicle 82', 'Vehicle 83', 'Vehicle 84', 'Vehicle 85', 'Vehicle 86', 'Vehicle 87', 'Vehicle 88', 'Vehicle 89', 'Vehicle 90', 'Vehicle 91', 'Vehicle 92', 'Vehicle 93', 'Vehicle 94', 'Vehicle 95', 'Vehicle 96', 'Vehicle 97', 'Vehicle 98', 'Vehicle 99', 'Vehicle 100'.


100% Annual

Describe Circumstances of the Accident

On the above mentioned date, time and location, I was travelling in my vehicle (A) upon reaching the junction the traffic light was in my favour so I proceed straight. Vehicle (B) was at the left side lane of my vehicle (A). Vehicle (C) was at the ~~left~~ ^{opposite} ~~side~~ ^{direction} and took a right turn without ~~signalling~~ ^{giving way} to on coming vehicle hence it collided onto the right portion of vehicle (B) causing vehicle (B) to swerve out and collide into the front portion of my vehicle (A) causing damages to my vehicle (A).

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 Officer : Date & Time

