

## SINGAPORE ACCIDENT STATEMENT

### Accident Details

Date of Accident: 20/03/2022.

Time of Accident: 3:05 (AM / ☒ PM)

Location of Accident: Lower Delta Road.

Country/State of Loss: SG.

Type of Accident: Side to Head

Weather Condition: ☒ Clear / Raining / Not in List

If Not in List, please specify \_\_\_\_\_

Road Surface: Dry / ☒ Wet / Not ☒ In List

If Not in List, please specify After Rain

Are you claiming under your own insurance policy for repair to your vehicle? Yes / ☒ No

If No, please state action to be taken Third ☒ Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / ☒ No

If yes, please state Vehicle No: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_

No. of vehicles Involved in the accident (include own vehicle) 03.

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / ☒ No

Was the accident reported to the police? Yes / ☒ No

If yes, police station name: \_\_\_\_\_

Was notice of Prosecution given? Yes / ☒ No

If yes, against whom? \_\_\_\_\_

### Details of Own Vehicle

Vehicle Registration No: SLC 8367 G

Vehicle Category: Commercial

Vehicle Manufacturer: MITSUBISHI Vehicle Model: Atrage

Transmission: Manual / Auto Cc:

No. of passengers (including driver) 01

Passenger Name:

Gender: Male / Female

Passenger Name:

Gender: Male / Female

Passenger Name:

Gender: Male / Female

### Own Vehicle Policy

Handling Insurer: NTUC

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: Prestige Karz Leasing Pte Ltd

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 201917085E

Email: prestige.karzleasing@gmail.com

Mobile No:

Alt. No Type: Home / Office / Not in List

If Not in List, please specify

Owner Alt Phone No:

### Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: Lee Tze Chiang

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: S83 00104F

Date of Birth: 08/01/1983

Driving Pass Date: 15/03/2014

Mobile No: 9230 8552

Email: \_\_\_\_\_

Address 1: 253 Tampines St 21

Address 2: #09-422

Postal Code: S(521253)

Occupation: Indoor / Outdoor

Driver Owner Relationship Hirer

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: \_\_\_\_\_

Handling Insurer: \_\_\_\_\_

### TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: \_\_\_\_\_

(ii) Vehicle Category: \_\_\_\_\_

(iii) No. of passengers (including driver) \_\_\_\_\_

9027 8132

GBF 2442P

Commercial

02 (male driver

01 female pax)



Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name \_\_\_\_\_

Gender: Male / Female

Passenger Name \_\_\_\_\_

Gender: Male / Female

### Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: \_\_\_\_\_

(ii) Gender: Male / Female

(iii) Injured Person in which Vehicle? \_\_\_\_\_

(iv) Full Address: \_\_\_\_\_

### Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: \_\_\_\_\_

Witness Contact: \_\_\_\_\_

### Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

## SKETCH PLAN

### 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. 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' 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.



*[Handwritten signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

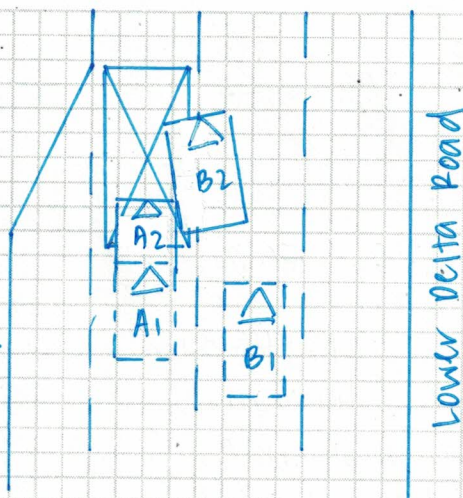
### Sketch Plan

Vehicle A: SLCB367 G.

Vehicle B: GBF2442P

[Teresa Ville]

(Busstop)





Describe Circumstances of the Accident

On the stated date & time, I, vehicle 'A', SLG 8367G,  
was travelling straight along the stated venue. Vehicle  
'B', ABF2442P, suddenly filtered onto the yellow box  
and hit onto my vehicle's front right portion.

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