

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	23/02/2022 12:17 (SGT)
Date of Accident	23/02/2022 08:40 (SGT)
Exact Location of Accident	5 Ang Mo Kio Ave 10, Singapore 569739
Additional Location Information	ANG MO KIO AVE 10 (OPPOSITE PATHLIGHT SCHOOL)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1215X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN TI SOON
NRIC No	SXXXX868E
Email Address	KEVTAN33@YAHOO.COM
Mobile Phone No	(Phone) +65-94518098
Alternative Phone No	(Home) +65-94518098

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	5103189247
Cover Note Number	-

DRIVER

Name of Driver	TAN TI SOON
NRIC No	SXXXX868E

Date Of Birth	16/01/1976
Occupation	Indoor
Date Of Driving Pass	20/05/2008
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94518098
Alt. Phone Number	(Home) +65-94518098
Email Address	KEVTAN33@YAHOO.COM
Address	BLK 549 ANG MO KIO AVE 10 #16-2032
Address complement	-
Postcode	560549
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

I WAS TRAVELLING STRAIGHT ON THE RIGHT MOST LANE ALONG ANG MO KIO AVE 10 WHILE SUDDENLY TAXI (SHB1019K) FILTER INTO MY LANE AND BANGED INTO MY LEFT SIDE AND SCRATCH ACROSS THE WHOLE LEFT SIDE OF MY VEHICLE. I WISH TO STATE THAT TAXI FILTERING INTO MY LANE WITHOUT SIGNALLING.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO LARGE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1019K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	VINCENT NG SOON TECK

Contact Number	(Phone) +65-80235715
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.
- (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

Sketch Plan

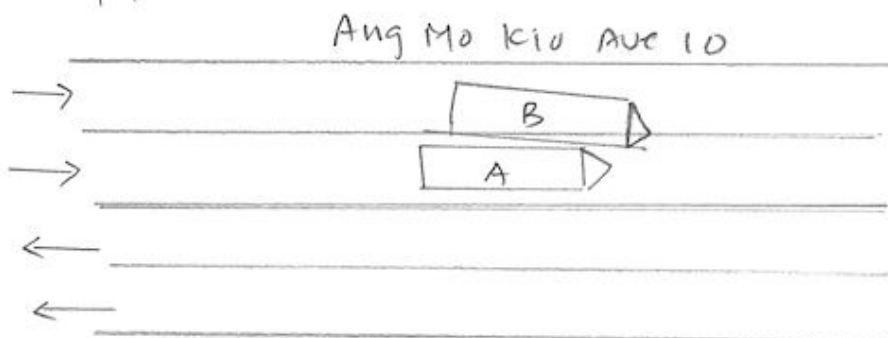
23/2/2022

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

Witnessed by Reporting Centre Personnel



70 CTE



A: SM1215X
B: SHB1019K


pathlight school

Describe Circumstances of the Accident

I was travelling straight on the right most lane along Ang Mo Kio Ave 10, while suddenly taxi (SHB1019K) filter into my lane and banged into my left side and scratch across the whole left side of my vehicle. I wish to state that taxi filtering into my lane without signalling.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

23/2/2022

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



Witnessed by Reporting Centre
Personnel

































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0G222N002 Vehicle Registration No: SMC 1215X
 Name (as shown in NRIC): Tan Ti Soon NRIC/FIN/Passport No: S XXXX868 E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 549 Ang Mo Kio Ave 10 #16-2032 Singapore (560 549)
 Contact (Tel): _____ Mobile No.: 94518098
 Email Address: keutan33@yahoo.com
 Date of Accident: 23/2/22 Time of Accident: 08:40
 Place of Accident: Ang Mo Kio Ave 10 Copp Pathlight School
 Insurance Company: NTUC

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I wish to add additional information as follow:-
taxi filtering into my lane without signalling and
banged into my vehicle left side.

Policyholder / Driver's Signature

Date: 23/2/22

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 23/2/22