

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	24/02/2022 20:36 (SGT)
Date of Accident	23/02/2022 18:22 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CHANGI BETWEEN BKT TIMAN AND SLE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9877S
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OSCARS LEASING PRIVATE LIMITED
Company Reg No	201431292N
Email Address	RYANLINGLING@GMAIL.COM
Mobile Phone No	(Phone) +65-91129911
Alternative Phone No	(Home) +65-91129911

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109910175-02
Cover Note Number	-

DRIVER

Name of Driver	LING PUCHENG,RYAN
NRIC No	S8813844I

Date Of Birth	22/04/1988
Occupation	Outdoor
Date Of Driving Pass	22/06/2009
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97927898
Alt. Phone Number	-
Email Address	RYANLINGLING@GMAIL.COM
Address	BLK 667D JURONG WEST ST 65 #15-125
Address complement	-
Postcode	644667
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BRENDA
Gender	Female

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 ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC998A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

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]

24/02/2022

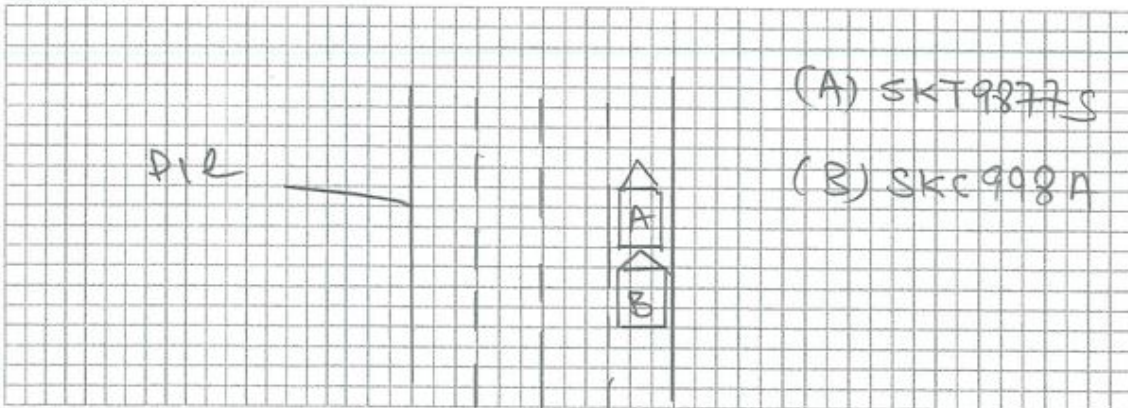
SHUYI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 23/02/2022 around 6.22pm, I was driving on PIE (changi) between Bukit Timah and BKE (SLE) exit, when the car in front of me suddenly slow down, which I also slow down too. The car in front of me proceeded to move, which I also started to move, suddenly I felt a huge impact hit on my rear portion. SKC 998A

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

24/02/2022

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

SHUYI

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: SY09222O0009 Vehicle Registration No: SKT9877S
 Name (as shown in NRIC): OSCARS LEASING PRIVATE LIMITED NRIC/FIN/Passport No: 2XXXXX292N
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): 91129911 Mobile No.: _____
 Email Address: _____
 Date of Accident: 23.02.2022 Time of Accident: 18:22
 Place of Accident: PIE TWDS CHANGI BETWEEN BKT TIMAN AND SLE EXIT
 Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD

(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:

UPLOAD VIDEO

SHUYI

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: