

IP - purchase Done

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	16/02/2022 20:37 (SGT)
Date of Accident	11/02/2022 19:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CHOA CHUA KANG AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR512L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WU XUEYU ANNA
NRIC No	SXXXX790E
Email Address	BREAKFREE512@GMAIL.COM
Mobile Phone No	(Phone) +65-81010345
Alternative Phone No	(Home) +65-81010345

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	VENUE
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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122675697
Cover Note Number	-

DRIVER

Name of Driver	WU XUEYU ANNA
NRIC No	SXXXX790E

Date Of Birth	29/10/1965
Occupation	Indoor
Date Of Driving Pass	08/07/1996
Driving experience	25 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81010345
Alt. Phone Number	(Home) +65-81010345
Email Address	BREAKFREE512@GMAIL.COM
Address	BLK 283 CHOA CHU KANG AVE 3, 13-408
Address complement	-
Postcode	680283
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	Collision - Change/cross lane
Weather Conditions	DRIZZLING
Road Surface	Wet

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 DRIVING ALONG CHOA CHU KANG AVE 3. THERE WAS A TRAFFIC BUILT UP IN FRONT OF ME AND THEREFORE I SLOWED DOWN TO JOIN THE QUEUE IN ORDER TO ENTER THE CAR PARK GANTRY TO REACH MY BLOCK 283. MY LEFT SIGNAL WAS ON AND SUDDENLY, THE WHOLE CAR SHAKEN AND I HEARD A LOUD BAND. I ALIGHTED AND SAW A BUS SMB86M WAS IN VERY CLOSE PROXIMITY TO THE RIGHT SIDE BACKEND CORNER OF MY CAR, WHEN I WALKED TO THE BACK, I SAW THE REAR RIGHT OF MY CAR WAS IN CLOSED CONTACT WITH THE BUS TOO.

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	SMB86M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

Describe Circumstances of the Accident

I was driving along Choa Chu Kang Ave 3. There was a traffic
 built up in front of me and therefore I slowed down to join
 the queue in order to enter the car park gantry to reach my
 block 583. My left signal was on and suddenly, the whole
 car shaken and I heard a loud bang. I alighted and saw a
 bus SM886M was in very close proximity to the right side
 back end corner of my car. When I walked to the back, I
 saw the rear right of my car was in closed contact with
 the bus too.



Declaration

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

[Signature]

Policyholder's Signature / Date &
 Time 13/2/2022

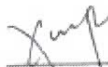
Driver's Signature (If driver is not the policyholder) / Date
 & Time

Witnessed by Reporting Centre
 Personnel

SKETCH PLAN

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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 of or said.
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 be 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/yer/s 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/yer/s law firms, may be 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/yer/s law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time 17/1/2022

Sketch Plan

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

Witnessed by Reporting Centre Personnel

