

References

ASSIGNMENT

1	Others	
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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	28/02/2022 17:41 (SGT)
Date of Accident	28/02/2022 14:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KANG CHOO BIN ROAD 15
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1701D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHANG YEW KIT
NRIC No	SXXXX408F
Email Address	CLAIMS@ALPINECARRENTAL.COM.SG
Mobile Phone No	(Phone) +65-65532122
Alternative Phone No	(Office) +65-65532122

VEHICLE PARTICULARS

Manufacturer	BMW
Model	530i
Variant	BMW530i
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	1998

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5112300110-02
Cover Note Number	-

DRIVER

Name of Driver	PHANG YEW KIT
NRIC No	SXXXX408F

Date Of Birth	19/12/1962
Occupation	Indoor
Date Of Driving Pass	07/07/1984
Driving experience	37 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-65532122
Alt. Phone Number	(Office) +65-65532122
Email Address	CLAIMS@ALPINECARRENTAL.COM.SG
Address	2 SIMON WALK
Address complement	-
Postcode	545856
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

REFER REPORT

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	GY5994J
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	BEH CHIU FA
Contact Number	(Phone) +65-90504481
Address	-
Address complement	-

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

PERSONAL PARTICULARS

TYPE OF CLAIM: ☒ OWN DAMAGE ☐ 3RD PARTY ☐ REPORTING ONLY ☐

DATE OF ACCIDENT: 28/2/22 TIME OF ACCIDENT: 2.55 PM

LOCATION OF ACCIDENT: Keng Choo Bin Road 15

VEHICLE REGISTRATION NO: 8H 8010

NAME OF REGISTERED OWNER / INSURED: CHONG YEE KAT

PURPOSE OF FOR WHICH EMPLOYED AT TIME OF ACCIDENT: PTE UNOS

INSURANCE COMPANY: MIA

NAME OF DRIVER: CHONG YEE KAT

DATE OF BIRTH: 18/12/1962

DRIVING LICENCE NO: 91524408

HOME TEL: 9695873

MOBILE: 9695873

ADDRESS: 2, Keng Choo Bin Road

POSTAL CODE: 546610

(PLEASE TICK THE RELEVANT CHOICES)

WAS DRIVER AN EMPLOYEE OF THE INSURED? ☒ YES ☐ NO

IF YES, RELATIONSHIP OF DRIVER WITH INSURED: EMPLOYEE

INSURANCE POLICY NO: 91524408

VEHICLE CONDITION: ☒ CLAIM ☐ RAINING ☐ OTHERS

WAS ACCIDENT REPORTED TO THE POLICE? ☒ YES ☐ NO

IF YES, WHICH POLICE STATION: 101

WAS ANYBODY INJURED IN THE ACCIDENT? ☒ YES ☐ NO

IF YES, NAME: NAME (1) NAME (2) NAME (3) NAME (4)

NO OF PASSENGERS INCLUDING DRIVER: 1

VEHICLE NO. OF INJURED / PASSENGER OR OTHERS: 1

CONVICTED TO HOSPITAL: ☒ YES ☐ NO

IF YES, AT WHICH HOSPITAL: 101

(THIRD PARTY DRIVER'S PARTICULARS)

DRIVER NAME: CHONG YEE KAT

VEHICLE REGISTRATION NO: 8H 8010

MANUFACTURER: NISSAN

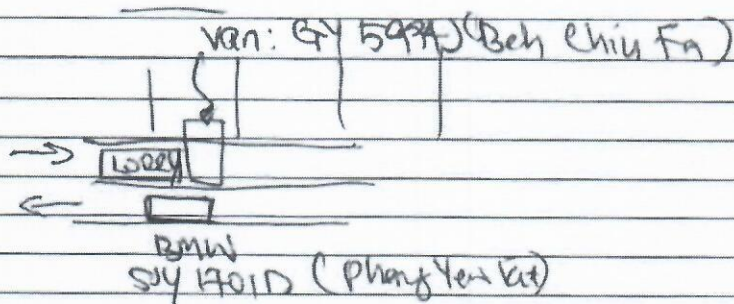
MODEL: 101

WITNESS'S PARTICULARS

NAME: NAME HP NO:

* DOCUMENTS TO ATTACH: LIC & DRIVING LICENCE FRT / BACK
INSURANCE CERT, SITE PHOTOS, VIDEO

Describe Circumstances of the Accident



On 28/2 @ 2:55pm: I was driving along Kang Choo Bin Road as I have reached around/before 153 Kang Choo Bin, that's a long parked along the road side, I have made a slow down and then van GY 5999, suddenly run into my car driver name Beh Chiu Fa, agreed on the spot that he was wrong, and run into my car BMW GY 1701 D. Damaged refer to photo taken on site.

[Signature]
28/2/2018

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
28/2

Policyholder's Signature / Date & Time

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

[Signature]
28/2

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

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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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

