

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 18/03/2022 16:23 (SGT)
Date of Accident 18/03/2022 10:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP ROAD (BT BATOK WEST AVE 5 TOWARDS BT BATOK ROAD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCH8080M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SAI CHEW HWA
NRIC No SXXXX248B
Email Address minchow.sai@gmail.com
Mobile Phone No (Phone) +65-93809718
Alternative Phone No +65-93809718

VEHICLE PARTICULARS

Manufacturer Perodua
Model BEZZA PREMIUM X 1.3 5MT
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 Manual
CC 1329

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5096655001-04
Cover Note Number 14/12/2021 - 13/12/2022

DRIVER

Name of Driver ENG BO XUAN

NRIC No	SXXXX620C
Date Of Birth	21/03/1999
Occupation	Indoor
Date Of Driving Pass	18/03/2022
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-93809718
Alt. Phone Number	-
Email Address	minchow.sai@gmail.com
Address	BLK 183 JELEBU ROAD #26-44
Address complement	-
Postcode	670183
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	LEARNER
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	SAI CHEW HWA
Gender	Male

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

My vehicle was stationary giving way to vehicle on the main road. M/Bus SG5418J collided onto my rear. The rear portion of my vehicle was damaged including rear windscreen shatter. Nobody injured.

* I was having driving tuition and my instructor was sitting beside me during the accident.

ATTACHMENT(S)

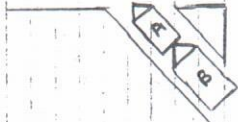
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5418J
Vehicle Manufacturer	-

Sketch Plan

Bt Batok Rd



Bt Batok West Ave S

A: SCH8080M

B: SG5418J (BUS)

Zhao BaoPing

G6854653U

Hp: 8323 3270

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOA: 18/3/22 10:40am

My vehicle was stationary giving way to vehicle on the main road. M/BUS SG5418J collided onto my rear. The rear portion of my vehicle was damaged including rear windscreen shatter. Nobody injured.

* I was having driving tuition & my instructor was sitting beside me during the accident.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/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:

(75) mg 18/3/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy (/) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

SKETCH PLAN

1. VEHICLE NO.: SCH8050M

2. INSURER CO.: NTUC

3. ACCIDENT
DATE & TIME: 18/3/22 10:40am

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8. **Consent under the Personal Data Protection Act (PDPA)**

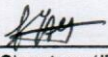
I understand, acknowledge, agree and consent that:

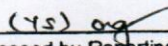
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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 yers/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 law yers/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

PLEASE
TURN
OVER