# **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 witholding 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.

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   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 01/04/2022 12:42 (SGT) Date of Accident 31/03/2022 18:10 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION BETWEEN QUEENSWAY AND AYE Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJJ8145S

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN SOO LIN NRIC No. S1155705H Email Address SOO LIN@HOTMAIL.COM Mobile Phone No (Phone) +65-96119628 Alternative Phone No (Home) +65-96119628

#### VEHICLE PARTICULARS

Manufacturer

Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1500

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdParty Fleet Policy Nο Policy Number 5045458389-11 Cover Note Number

# DRIVER

Name of Driver TAN SOO LIN NRIC No. S1155705H

Date Of Birth 20/05/1956 Occupation Indoor Date Of Driving Pass 14/01/1977 Driving experience 45 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96119628 Alt. Phone Number (Home) +65-96119628 Email Address SOO\_LIN@HOTMAIL.COM Address BLK 110A DEPOT ROAD #06-627 S101110 Address complement Postcode 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 - 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 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) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER ATTACHED REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** 

| Vehicle Registration Number Vehicle Manufacturer | SKT6011T    |
|--|-------------|
| Vehicle Model                                    |             |
| Verticle Model                                   | -           |
| Vehicle Variant                                  | -           |
| Vehicle Colour                                   | _           |
| Vehicle Category                                 | Private car |
| Name of Driver                                   |             |
| Name of Driver                                   | -           |
| Contact Number                                   | _           |
| Address  |             |
| Address  | -           |
| Address complement                               | -           |

| Postcode                                | _ |
|---|---|
| nsurance Company Name                   | _ |
| lature Of Damage                        | _ |
| Details of property damaged in accident | _ |
| lo. Of Passenger (Including Driver)     | _ |

| Describe Circumstances of the Accident     |
|--|
| on 31/3/2022 at around 1810 hrs. I was     |
| travelling along the and filtering left to |
| Queensway. As I was heaving the filter (an |
| to Queencway, I slowed down my car as the  |
| were a ten other cars ahead of me.         |
| Suddenly, I felt an impact on the bear bac |
| of my car. I alighted and realised that    |
| car B (SKT6011T) has collided and hit      |
| the back of my car                         |
| , 0  |
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# 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 ((4(20))

Witnessed by Reporting Centre Personnel

#### SKETCH PLAN

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- 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,
- Consent under the Personal Data Protection Act (PDPA)

l 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 & Driver's Signature (If driver is not the policyholder) / Date X & Time Witnessed by Reporting Centre 14 (2022 Personnel Sketch Plan (220 AY E (TUASI 1