

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 11/04/2022 18:25 (SGT)
Date of Accident 10/04/2022 13:30 (SGT)
Exact Location of Accident Blk 601, Singapore
Additional Location Information BLK 601 HDB CLEMENTI WEST CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV1610A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ERIC@UBER
Company Reg No 5XXXX005C
Email Address WINSTON_QUEK@YAHOO.COM.SG
Mobile Phone No (Phone) +65-96277724
Alternative Phone No (Home) +65-96277724

VEHICLE PARTICULARS

Manufacturer Toyota
Model Picnic
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 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 5110931706-02
Cover Note Number -

DRIVER

Name of Driver QUEK ENG JOO, WINSTON
NRIC No SXXXX339J

Date Of Birth 18/02/1982
 Occupation Indoor
 Date Of Driving Pass 29/08/2014
 Driving experience 7 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96277724
 Alt. Phone Number -
 Email Address WINSTON_QUEK@YAHOO.COM.SG
 Address 705 CLEMENTI WEST ST 2 #10-239
 Address complement -
 Postcode 120705
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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 Hit and run / Vandalism / Damaged whilst parked
 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) 0
 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 TO ATTACHED

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 SJH2012S
 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) -

20/11/2014

12/11/2014

12/11/2014

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SKETCH PLAN

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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of the 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.

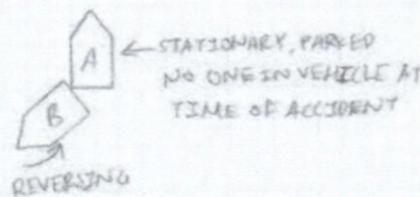




Policyholder's Signature / Date & Time
 Driver's Signature (if driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre Personnel

Sketch Plan

BLK 601 HDB ELEMENTI WEST CARPARK



A: ~~52V1610A~~
B: 5TH20125

Describe Circumstances of the Accident

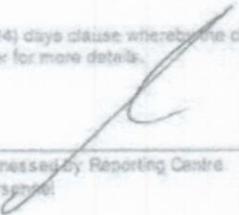
REFER TO ATTACHED VEHICLE INCIDENT REPORT DOCUMENT. I WAS NOT IN THE VEHICLE AT THE TIME OF THE ACCIDENT.

Lined area for describing the accident circumstances.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own motor, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated period from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time:  Driver's Signature (if driver is not the policyholder) / Date & Time:  Witnessed by Reporting Centre Personnel: 

VEHICLE INCIDENT REPORT

On 10 April 2022, 1.30pm. Driver Denzel Lim Ming Wei, IC no. Xxxxx349B drove vehicle SJH2012S at Block 601 HDB Clementi West carpark. While vehicle SJH2012S is reversing to a parking lot and accidentally hit on stationary vehicle SLV1610A in a parking lot.



SLV1610A

ERIC@UBER

53308005C

94884208

SJH2012S

Denzel Lim Ming Wei

Xxxxx349B

91301196