

## 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 ..... 04/05/2022 18:57 (SGT)  
Date of Accident ..... 02/05/2022 08:20 (SGT)  
Exact Location of Accident ..... KPE, Singapore  
Additional Location Information ..... SLIP ROAD OF KPE TOWARDS EUNOS LINK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU8425C

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... JOYFUL UNCLE  
Company Reg No ..... 53322350D  
Email Address ..... ANDREW.TAN9791@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97494170  
Alternative Phone No ..... (Home) +65-97494170

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... C-hr  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
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 ..... 5096688635-04  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TAN WING SAN  
NRIC No ..... S7600547H

Date Of Birth .....	06/01/1976
Occupation .....	Outdoor
Date Of Driving Pass .....	22/01/1996
Driving experience .....	26 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97494170
Alt. Phone Number .....	-
Email Address .....	ANDREW TAN9791@GMAIL.COM
Address .....	106 PUNGGOL WALK #09-15 SINGAPORE 828793
Address complement .....	-
Postcode .....	828793
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	SOLE PROPRIETOR
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	UNKNOWN
Gender .....	Female

#### 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? .....	Yes
Reasons for not uploading a video of the accident .....	VIDEO WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMG6328A
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	TAN WING SAN
Gender .....	Male
Phone No .....	(Phone) +65-97494170
Address .....	106 PUNGGOL WALK #09-15 SINGAPORE 828793
Address Complement .....	-
Post Code .....	828793
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLU8425C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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' 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

A: SLU 8425C  
B: SMG 6328A



**Describe Circumstances of the Accident**

On 02/05/2022 at about 08:20AM. I was travelling along the  
 Slip rd of KPE twds Eunus Link. I slowed down and stopped  
 to check for incoming vehicles. Suddenly, I felt an impact. Vehicle  
 6 hit the rear portion of my vehicle.

**Declaration**

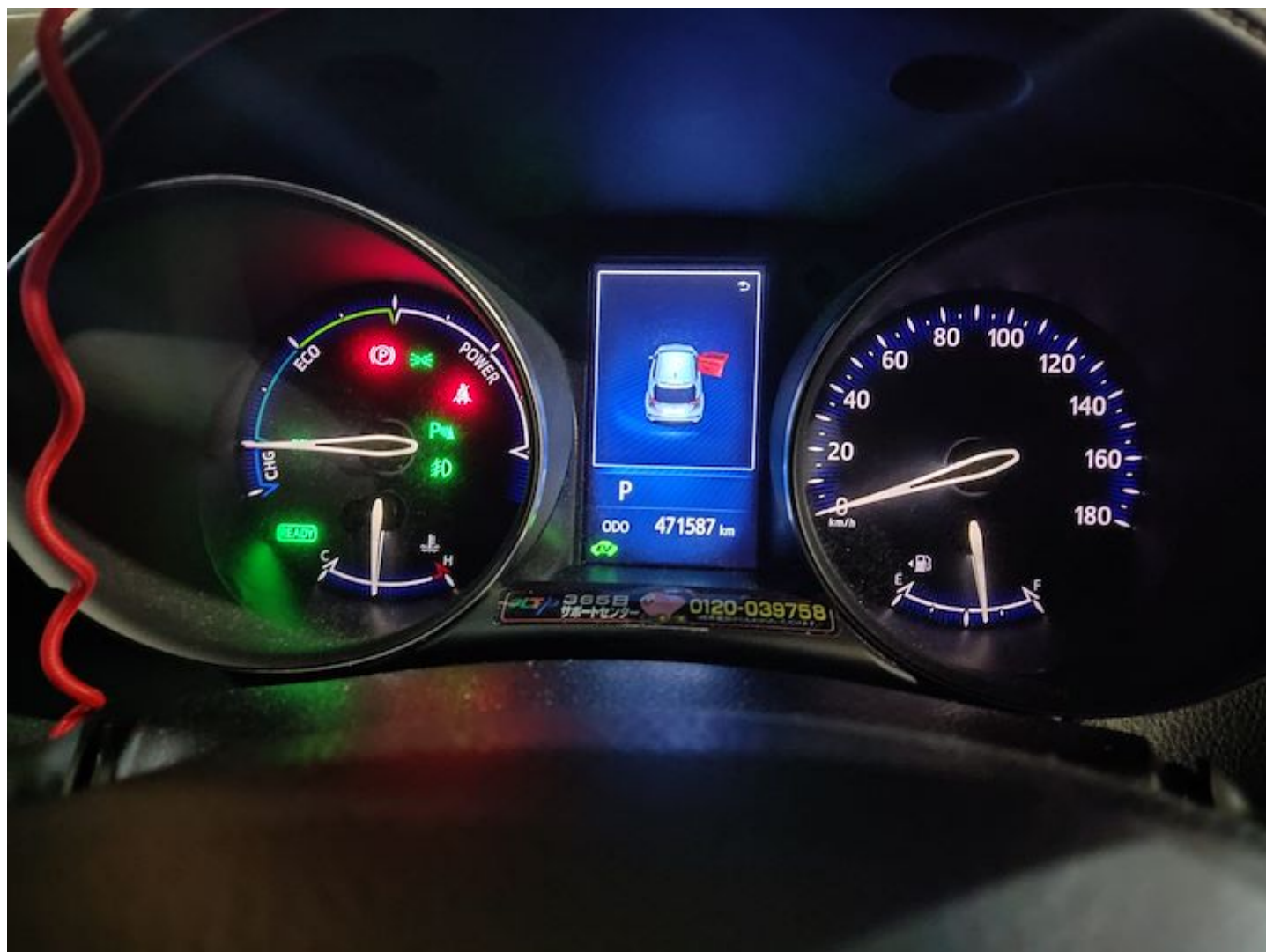
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
 Time

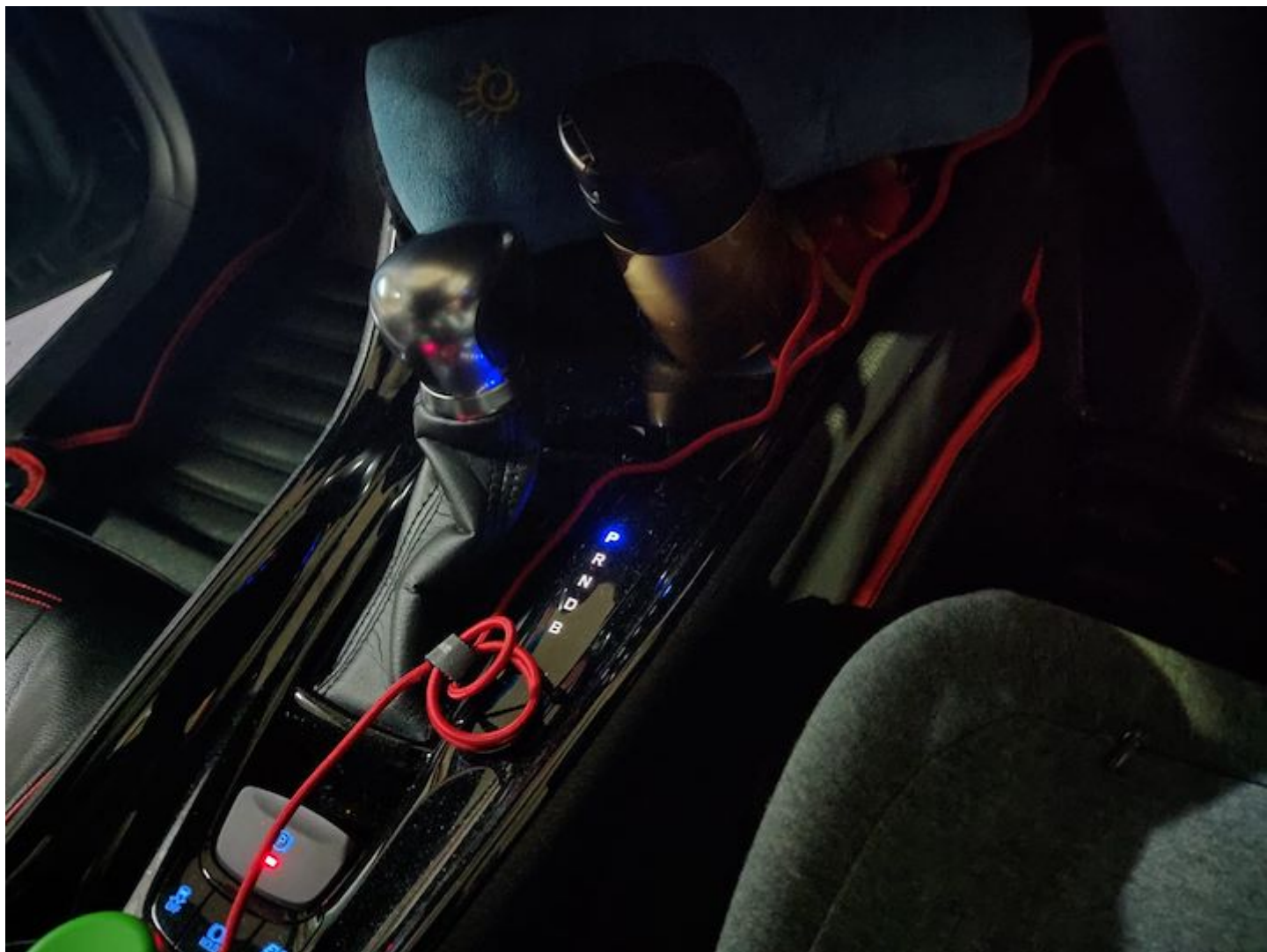
Driver's Signature (If driver is not the policyholder) / Date  
 & Time

Witnessed by Reporting Centre  
 Personnel

































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SY0A2254000K Vehicle Registration No: SLU8425C  
 Name (as shown in NRIC): TAN WING SAN NRIC/FIN/Passport No: S7600547H  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 106 PUNGGOL WALK #09-15 Singapore (828793)  
 Contact (Tel): 97494170 Mobile No.: \_\_\_\_\_  
 Email Address: ANDREW TAN9791@GMAIL.COM  
 Date of Accident: 02/05/2022 Time of Accident: 08:20  
 Place of Accident: SLIP ROAD OF KPE TOWARDS EUNOS LINK  
 Insurance Company: NTUC Income Insurance Co-operative Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1) CHANGE VEHICLE CATEGORY OF OWN VEHICLE FROM PRIVATE CAR TO PRIVATE HIRE

2) ADD IN PHOTO OF PRIVATE HIRE TAG

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Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: DICKNY LEE  
NRIC/FIN No.: T0371799I  
Date: 05/05/2022

GIARMC Addendum Form