

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 10/05/2022 13:58 (SGT)
Date of Accident 08/05/2022 15:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information EXTREME LOOK SALON AT SERANGOON AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EM111K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WANG LOKE KIM
NRIC No SXXXX453G
Email Address CLAIMS@ALPINECARRENTAL.COM.SG
Mobile Phone No (Phone) +65-98199133
Alternative Phone No (Office) +65-98199133

VEHICLE PARTICULARS

Manufacturer Opel
Model Insignia
Variant INSIGNIA GRANDSPORT 1.5
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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5124966226
Cover Note Number -

DRIVER

Name of Driver WANG LOKE KIM
NRIC No SXXXX453G

Date Of Birth	01/10/1958
Occupation	Indoor
Date Of Driving Pass	01/04/1980
Driving experience	42 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-98199133
Alt. Phone Number	(Office) +65-98199133
Email Address	CLAIMS@ALPINECARRENTAL.COM.SG
Address	75B LORONG GAMBIR
Address complement	-
Postcode	536625
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	Collided into Parked Vehicle
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 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	SMZ4234A
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DAVID LEE
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	SMZ4234A WHILE REVERSING THE CAR HIT ONTO MY CAR EM111K
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	SIA KAR POH
Phone	(Phone) +65-97512669
Email	-

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 the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firm/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 making 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/postal 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 the accident and the Insurers' law firm/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firm/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





Describe Circumstances of the Accident


Sunday May 8 2022, I went to Extreme look
Salon at Serangoon Ave 3. It was about 3.00pm
and I parked my car EM 111K at lot No. 81
Just about half an hour later, the neighbouring shop
owner heard a loud bang and noticed an
accident had occurred between a car reversing to
park in lot 80 had crashed into a stationary
car park at lot 81.
I met the faulting driver of the said vehicle ~~SA02225A~~
Mr David Lee and exchanged photos and contact nos.
Both parties agreed to settle all claims from the
insurance company.
Attached are the photos that showed the parking
position of my car EM 111K & SA02225A that
was later parked beside my car. Photos also
showed damages of my car EM 111K

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)

 Witnessed by Reporting Centre Personnel











GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

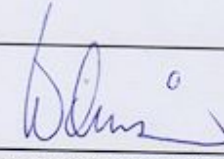
Original Report No : SA02225A0002 Vehicle Registration No: EM 111K
Name (as shown in NRIC) : Wong Lok Kim NRIC/FIN/Passport No : S13134536
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 75B Lorong Gambir Singapore 536625
Contact (Tel) : _____ Mobile No. : 98199133
Email Address : _____
Date of Accident : 8-5-2022 Time of Accident : 15:00
Place of Accident : Extreme 100K Salon at Derangoon Ave 3
Insurance Company : NTUC

(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 Amend to number of passengers 1 to 0
thus car was parked.

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: