# **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 15/03/2022 16:08 (SGT) Date of Accident 05/03/2022 13:00 (SGT) Exact Location of Accident Singapore Additional Location Information Superbowl Jurong Open Space Carpark Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBS5428T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHONG TIAN FENG** NRIC No. S8985215C Email Address tf.chong1989@gmail.com Mobile Phone No (Phone) +65-93259688

Alternative Phone No +65-92359688

VEHICLE PARTICULARS

Manufacturer Honda Model Forza 300 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 Motorcycle

Transmission Auto CC 280

**INSURANCE COMPANY** 

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdPartyFireTheft

Fleet Policy

Policy Number 5122339856

Cover Note Number

DRIVER

Name of Driver **CHONG TIAN FENG** NRIC No. S8985215C

Date Of Birth 23/05/1989 Occupation Indoor Date Of Driving Pass 18/07/2019 Driving experience 2 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-93259688 Alt. Phone Number +65-92359688 Email Address tf.chong1989@gmail.com Address APT BLK 321 JURONG EAST STREET 31 Address complement #06-108 Postcode S600321 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 Was anybody injured in the Accident? 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 to sketch plan 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
 SNB1022D

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 MUSTAFFA TAY KIM CHIEW

 NRIC No
 S1667578D

 Contact Number
 (Phone) +65-91357732

Address complement	_
Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

4000

# SKETCH PLAN

## IMPORTANT NOTICE

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- 6. The 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 lodgment 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.
- 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)
  - (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.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyhol

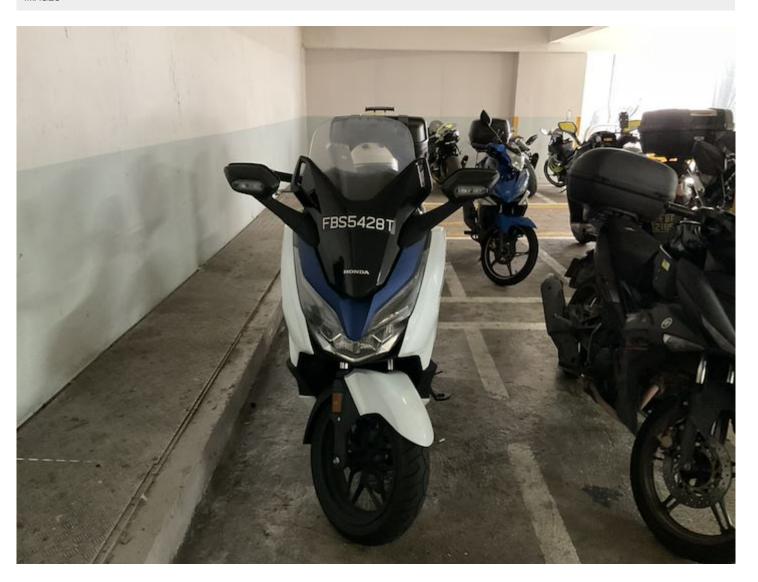
15/03/2012 1555 hw

Draver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature Expere lack

NRIC/FIN No.

	Super bowl Juring	
	^	A: FRSS427T
	A	B1 54B 1022 1
	8	3 NB 1022 1
	<b>V</b>	
DESCRIBE CIRCUMSTANCES		C. C. L.
- partier my	vehicle infrant of shong	siong supersowi
Jurany, suddenly	y vehicle B and reverse	e and collided onto
my vehicle and	I subsequently my rehicle	fall on the right.
	,	
DECLARATION		
DECLARATION /We detiare the foregoing particul-	ars are true in every respect.	4
		~















		ADDENDUM
(A) DARTICHIAN	RS OF PERSON MAKING THE A	AMENDMENTS:
Original Repo	ort No:	Vehicle Registration No: FRSS CL8T
Name (as sh	own in NRIC): Chous Tlan	Feng NRIC/FIN/Passport No: 58985215
	river/Vehicle Owner) (*) Please	
Address: _	Apt BIC 321 Junny Fo	9st Street 31 ,406-108 Singapore (600
	1779237 377	Mobile No.: 9235 9688
	ess: tf. chong 1984 (4 c	
Date of Acc	ident: 05/03/2022	Time of Accident: 1300 6x
Place of Acc	cident: SuperSowi Jun	ing upon Space Carpanc
	Company: NTUC Income	
	AL INFORMATION /AMENDMENT	ned accident and would like to include additional information or
	ollowing amendments:	ned accident and would like to metade additional information of
To chai	me from fBSS 423 T	to FBSSALRT.
Section 1		
	ler / Driver's Signature	Reporting Centre Personnel's Signature