

# 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 .....	04/06/2022 11:36 (SGT)
Date of Accident .....	03/06/2022 13:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	OPEN SPACE CARPARK OF TANJONG KATONG
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKZ825U
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHEONG WING HUNG, JOEL
NRIC No .....	S8613889A
Email Address .....	leoic2@gmail.com
Mobile Phone No .....	(Phone) +65-81333412
Alternative Phone No .....	+65-81333412

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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 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 .....	5124022961
Cover Note Number .....	07/10/2021 - 06/10/2022

### DRIVER

Name of Driver .....	CHEONG WING HUNG, JOEL
NRIC No .....	S8613889A

Date Of Birth .....	11/05/1986
Occupation .....	Indoor
Date Of Driving Pass .....	17/12/2007
Driving experience .....	14 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81333412
Alt. Phone Number .....	+65-81333412
Email Address .....	leoic2@gmail.com
Address .....	BLK 7 COMMONWEALTH AVENUE #12-654
Address complement .....	-
Postcode .....	140007
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 .....	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 SKETCH PLAN

#### 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 WILL BE SEND TO INSURANCE COMPANY.
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YP8248U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-62616120
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	REAR PORTION
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

NTUC Income Motor Service Centre

Report No: MT \_\_\_\_\_

D.O.A: \_\_\_\_\_

Vehicle No: \_\_\_\_\_

Make / Model: \_\_\_\_\_

Report Date: 4/6/2022 Start Time: 11:25 AM

Reporting Type: 7P End Time: \_\_\_\_\_

**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.
- (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 reasonable required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, law or court orders.



4/6/2022 11:25

Policyholder's Signature  
Date & Time:

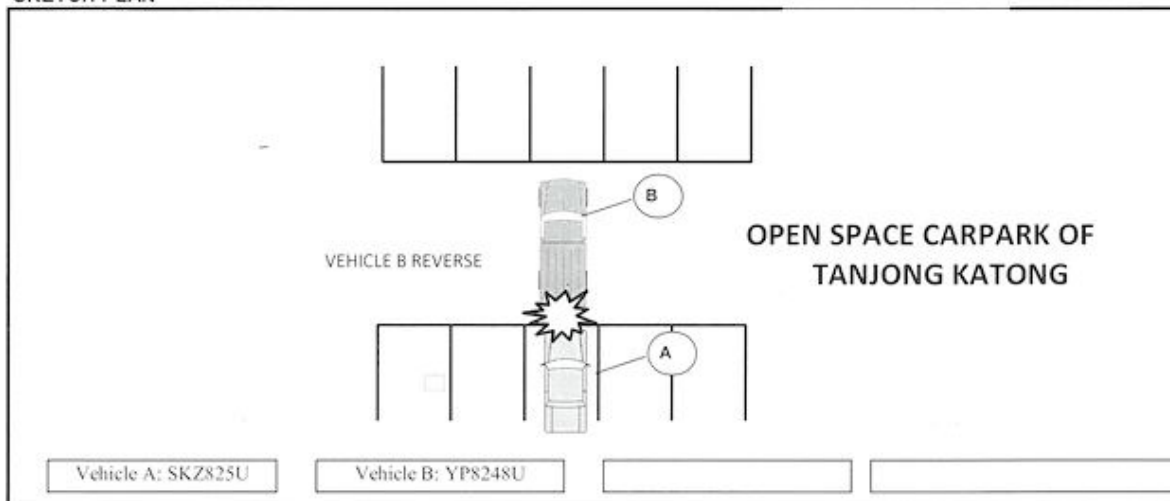
4/6/2022 11:25

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



Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/ Fin No: S990765

SKETCH PLAN



MY VEHICLE WAS PARKED INSIDE ONE CARPARK LOT WITHIN TANJONG KATONG OSCP. I LOCKED AND LEFT MY VEHICLE. EVERYTHING WAS FINE AND INTACT.

WHEN I RETURN TO MY VEHICLE, I SAW A DENT ON MY FRONT VEHICLE BONNET, I SAW A NOTE ON MY FRONT WINDSCREEN. I CALLED THE NUMBER PROVIDED AND THEY INFORMED TO REPORT TO INSURANCE COMPANY. I ALSO MANAGED TO RETRIEVE MY IN-CAR CAMERA FOOTAGE.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

4/6/2022 11:25

Policyholder's Signature  
Date & Time:

4/6/2022 11:25

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

Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/ Fin No: S990765























