

## 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	06/06/2022 17:19 (SGT)
Date of Accident	03/06/2022 15:00 (SGT)
Exact Location of Accident	Kaki Bukit Ave 4, Singapore
Additional Location Information	OUTSIDE KB@ PREMIER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2708P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PRECISE AUTO TRADING PTE LTD
Company Reg No	201820183W
Email Address	sales@preciseauto.sg
Mobile Phone No	(Phone) +65-94897930
Alternative Phone No	+65-94897930

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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 car
Transmission	Auto
CC	1395

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122791785
Cover Note Number	-

### DRIVER

Name of Driver	MARCUS ONG YONG QIANG
NRIC No	S9105309H

Date Of Birth	09/02/1991
Occu Pation	Indoor
Date Of Driving Pass	12/08/2009
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94897930
Alt. Phone Number	-
Email Address	sales@preciseauto.sg
Address	BLK 719 PASIR RIS STREET 72 #07-87
Address complement	-
Postcode	510719
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - U-Turn
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)	1
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

ON THE SAID DATE AND TIME OF THE ACCIDENT, I WAS DRIVING MY CAR (SKP2708P) ALONG KAKI BUKIT AVE 4 (OUTSIDE KAKI BUKIT AT PREMIER) IN THE LEFT LANE. ABRUPTLY, THERE WAS A MOTORCYCLE FROM THE OPPOSITE DIRECTION MADE AN ILLEGAL U-TURN WITHOUT CHECKING AND GIVE WAY TO THE ONCOMING TRAFFIC. AS SUCH, THE MOTORCYCLE OVER STEERED INTO MY LANE AND GRAZED THE FRONT RIGHT PORTION OF MY CAR. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (FBQ5537Y)'S INSURANCE FOR MY ACCIDENT DAMAGES.

#### 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	FBQ5537Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-

Contact Number .....	-
Address .....	-
Address complement .....	-
Post Code .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-



**SKETCH PLAN****IMPORTANT NOTICE**

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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.
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.

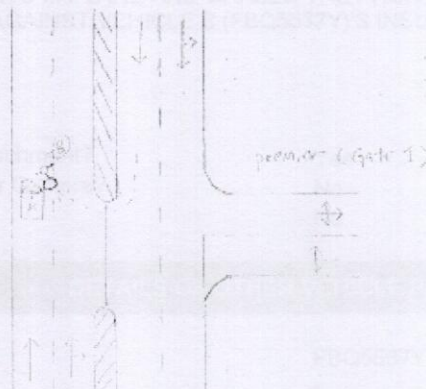


Policyholder's Signature / Date &amp; Time



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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

(A) SKP 0708P  
(B) FBG 5537P  
(Kall Buri Ave 4)



## Description of Circumstances of the Accident

On the said date & time of the accident, I was driving my car (SK P 5-108P) along Kaki Bukit Ave 4 (outside of Kaki Bukit @ Hermit) in the left lane. Abruptly there's a motorcycle from the opposite direction make an illegal U-turn without checking and giving way to the oncoming traffic as such the motorcycle oversteered into my lane and then grabbed the front right portion of my car. Hence, I have to lodge this report to claim against Mr. B (FB@5537Y)'s insurance for my accident damages.

## Declaration

We declare the foregoing particulars are true in every respect.

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

File  
Time

Signature / Date &  
Time

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

Witnessed by Reporting Officer  
Personnel