

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	04/07/2022 17:46 (SGT)
Reported by	Both
Date of Accident	04/07/2022 11:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTSIDE FLORIDIAN CONDO ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH3607S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHANG HUI HUI EMILY
NRIC No	SXXXX492Z
Email Address	EEMILYCHANG@GMAIL.COM
Mobile Phone No	(Phone) +65-97681530
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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 hire
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5123171901

DRIVER

Name of Driver	TAN RONG ZHEN
NRIC No	SXXXX528C
Date Of Birth	27/11/1988
Occupation	Outdoor

Date Of Driving Pass	10/08/2011
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92224140
Alt. Phone Number	-
Email Address	RONGZHENTAN@GMAIL.COM
Address	215A COMPASSVALE DRIVE #10-500
Address complement	-
Postcode	541215
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	CHANG HUI HUI EMILY
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

WE WERE SITTING IN THE CAR WAITING TO ENTER THE CONDO. THERE WAS A CAR IN FRONT OF US AND OUR CAR IS STATIONARY . SUDDENLY, WE HEARD A LOUD BANG FROM BEHIND. WE ALL CAME OUT TOGETHER WITH DRIVER B. HE REVERSE AND COLLIDE ONTO MY CAR REAR LEFT PORTION AND CAUSE DAMAGE. HE THOUGHT OUR CAR MOVE FORWARD AND DIDN'T REALISE. DRIVER B AND THE OTHER PASSENGER WHO WAS WITH HIM DID NOT DISPUTE AND BOTH ACKNOWLEDGE IS THEIR FAULT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL4451T
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Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	SHUVO ABDUR RAZZAK
Passport No/FIN	GXXXX913X
Contact Number	(Phone) +65-83412479
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

SKETCH PLAN


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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

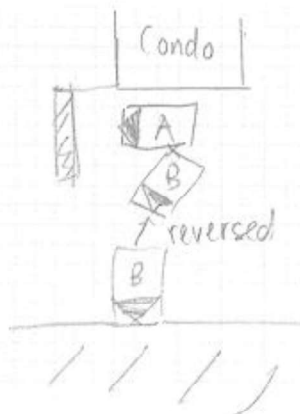
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 4 July 22
Policyholder's Signature / Date & Time

 4/7/22
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan




A: SFH 3607S
B: G3L 4451T


Describe Circumstances of the Accident

We were sitting in the car waiting to enter the condo.
 There was a car in front of us and our car is stationary.
 Suddenly we heard a loud bang from behind. We all
 came out together with Driver B. He reverse and collide onto
 my car rear left portion and cause damage.
 He brought our car more forward and didn't realize
 Driver B and the other passenger who was with him
 did not dispute and both acknowledge is their fault.

Declaration

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

 4 July 2022
 Policyholder's Signature / Date &
 Time

 4/7/22
 Driver's Signature (If driver is not the policyholder) / Date
 & Time


 Witnessed by Reporting Centre
 Personnel