## **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.

- 4. The issue and acceptance 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 19:40 (SGT) Reported by Date of Accident 02/07/2022 14:30 (SGT) Exact Location of Accident Singapore Additional Location Information CTE TOWARDS YISHUN Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Hyundai

Vehicle Registration Number SMC613L

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN JEE POONG (CHEN RUFENG) NRIC No S7345028D Email Address tnjepg@gmail.com Mobile Phone No (Phone) +65-96930115 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model 130 PDE 1.4 T-GDI DCT 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1353

## **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5128319769

## DRIVER

Name of Driver TAN JEE POONG (CHEN RUFENG) NRIC No S7345028D Date Of Birth 20/12/1973 Occupation Indoor

Date Of Driving Pass 29/09/2008 Driving experience 13 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96930115 Alt. Phone Number Email Address tnjepg@gmail.com Address BLK 505D YISHUN ST 51 #04-70 Address complement Postcode 764505 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 Chain Collision 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? No 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER ATTACHED (REPAIR BY OTHER WORKSHOP) 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 WILL EMAIL TO NTUC **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

SKA4724H

VEAUTOMATION SINCE

Private car

HARSHVARDHAN CHANDRA

NRIC No	S9817790F
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SLK4414M - -
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SKM8185Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	<b>BRIAN POON</b>
NRIC No	S9817833C
Contact Number	-
Address	_
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

VEH NO: SMC612L
INSURER: N/NC
DATE OF ACC: 2/7/22039

## IMPORTANT NOTICE

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- 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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.
- 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
- (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 & Time

Sketch Plan

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

Witnessed by Reporting Centre Personne

(Name as in NRIC/ID card)

# PLEASE TÜRN OVER

1

	Claim under your Own Co	mpreh	ensive policy. Pls check	your policy f	or more information.
	) Claim Own Policy	(	) Claim Third party	(	) Reporting Onlly
,	) Claim QD/ TP at other	er works	shop (		)
et	ch Plan				
	m/ca when	part	one brokes as from the	nd I.	A. SMC 613L B: SKA 4784H Harshwardhan Chand S9817790F C: SLK 444M D: SKM 8188Z BRIAN Pron S 9817833C  long C18 twds Ywhen  Claybet and Claybet and Claybet and Claybet and
	claration e declare the foregoing particulars	are true	in every respect.		~ ~













