

# 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 ..... 27/06/2022 16:10 (SGT)  
Reported by ..... Both  
Date of Accident ..... 26/02/2022 11:45 (SGT)  
Exact Location of Accident ..... 80 Marine Parade Rd, Singapore 449269  
Additional Location Information ..... PARKWAY PARADE MULTI STOREY CAR PARK ENTRANCE AT MARINE PARADE CENTRAL RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMW7887L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LOO TECK HONG  
Company Reg No ..... SXXXX857J  
Email Address ..... DANIEL@TECKLEE.COM  
Mobile Phone No ..... (Phone) +65-91160877  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... LEXUS RX270 AUTO  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Policy Number / Cover Note Number ..... LOO TECK HONG

### DRIVER

Name of Driver ..... LOO TECK HONG  
Company Reg No ..... SXXXX857J  
Date Of Birth ..... 10/10/1958

Occupation .....	Indoor
Date Of Driving Pass .....	21/05/1984
Driving experience .....	37 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91160877
Alt. Phone Number .....	-
Email Address .....	DANIEL@TECKLEE.COM
Address .....	40 SIGLAP AVENUE SINGAPORE 456310
Address complement .....	-
Postcode .....	-
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 .....	Side Swipe
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? .....	No
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 .....	UNKNOW
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

PLS REFER ANNEX A

#### ATTACHMENT(S)

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

**SKETCH PLAN****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. 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) 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 reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature Date  
& Time:

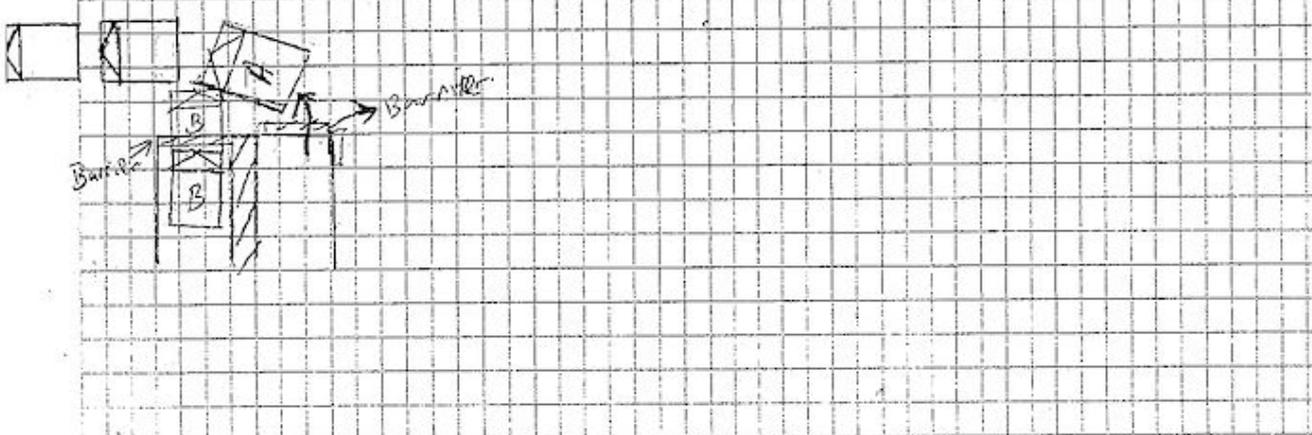
Driver's Signature  
(if driver is not the policyholder) Date  
& Time:



Reporting Centre Personnel's Signature  
Name: Vens  
NRIC/FIN No.: S00119910

**SKETCH PLAN**

Date & Time of Accident: 26/06/22 / 1145am Location: Parkway Parade <sup>entrance of: Mission Porsche Centre</sup>  
 Veh A: SMW 7387L Veh B: SJT 2953M Veh C/Others: \_\_\_\_\_



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Pls refer (Annex A)

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

- Own Damage Claim at Lim Tan Motor     TP Claim at Lim Tan Motor  
 Own Damage Claim at Other Workshop     TP Claim at Other Workshop     Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : \_\_\_\_\_  
 My/Our email : daniel@tech.tea.com

**DECLARATION**

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

[Signature]  
 Policyholder's Signature Date & Time:

\_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) Date & Time:

[Signature]  
 Reporting Centre Personnel's Signature  
 Name: Venus  
 NRIC/FIN No.: 80209976

Dear Investigation Officer, (Amex A)

RE: SIDE SWIPE AT PARKWAY PARADE MULTI-STOREY  
CAR PARK. Entrance at Marine  
Parade Central Rd

I wish to report the following: -

At about 11.45 a.m on Sunday 26th June 2022, my wife & I were in the car, queuing to enter the carpark on the right lane. After passing the gantry barrier, traffic was turning left. I was still on the right queuing lane when vehicle number S5T 2953M swipe into my vehicle front left side thus causing damages to my vehicle. Attached are the pictures of the damages to my car. Nobody were injured.

Yours sincerely,

LOO Teck Hong  
Veh. no: S1W 7887 L.  
IC no: S1303857/J.  
H.P. 911 60877

Driver: Teh Yen Hoong  
Veh. no. S5T 2953M  
IC no: S8809774B  
H.P. 9111 1130.









































