

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 Actual 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	25/08/2022 18:49 (SGT)
Reported by	Owner
Date of Accident	25/08/2022 13:45 (SGT)
Exact Location of Accident	Lavender Street & Kallang Bahru, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE2296T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GUO CHENG @ GUO CHEN
NRIC No	SXXXX114A
Email Address	GUOCHEN@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-96867796
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5114411081-02

DRIVER

Name of Driver	TEO CHENG LEONG DAVID
NRIC No	SXXXX107H
Date Of Birth	07/05/1956
Occupation	Indoor

Date Of Driving Pass	17/12/1981
Driving experience	40 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96625511
Alt. Phone Number	-
Email Address	DAVID.TEO@MILLIONSOLAR.COM.SG
Address	APT BLK 769
Address complement	BEDOK RESERVOIR #04-205
Postcode	470769
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	PARTNER
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 - Head to Rear
Weather Conditions	AFTER RAINING
Road Surface	Wet

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)	5
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	VINCENT GOH
Gender	Male

PASSENGER 2

Name	JIANN HWANG
Gender	Male

PASSENGER 3

Name	WU KAN
Gender	Female

PASSENGER 4

Name	NILAR WIN WIN PA
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

MY CAR WAS STATIONARY WHILE WAITING FOR THE CAR INFRONT OF ME TO MOVE ON. WHEN I HEARD THE FIRST KNOCK (REAR RIGHT SIDE) AND FOLLOWED BY THE SECOND KNOCK ON MY CAR (REAR BUMPER RIGHT SIDE).

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 SLU312Y
Vehicle Manufacturer Hyundai
Vehicle Model -
Vehicle Variant -
Vehicle Colour White
Vehicle Category Private car
Name of Driver TAN BUAY HUAT
Contact Number (Phone) +65-97839912
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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 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

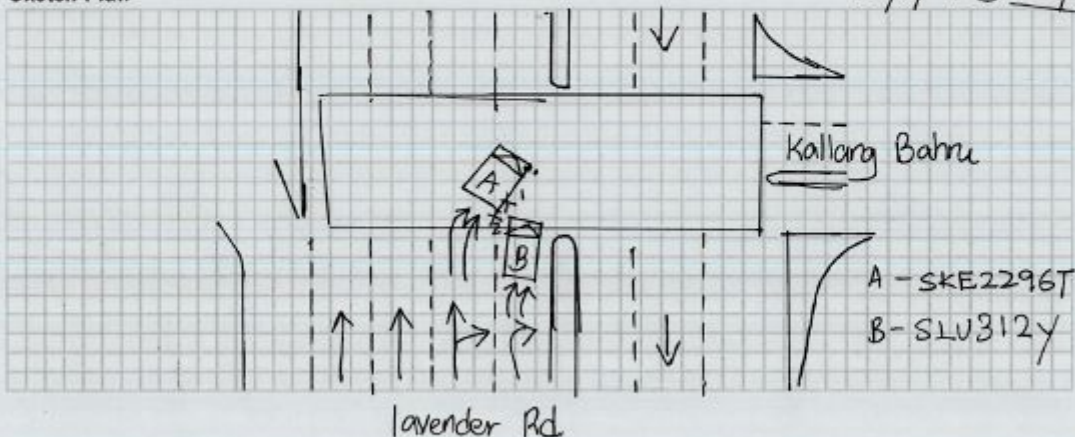
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



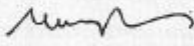
Describe Circumstances of the Accident

MY CAR WAS STATIONARY WHILE WAITING FOR THE CAR INFRONT OF ME TO MOVE ON.
WHEN I HEARD THE FIRST KNOCK (REAR RIGHT SIDE) AND FOLLOWED BY THE SECOND
KNOCK ON MY CAR (REAR BUMPER RIGHT SIDE).


Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time


26/6/2022

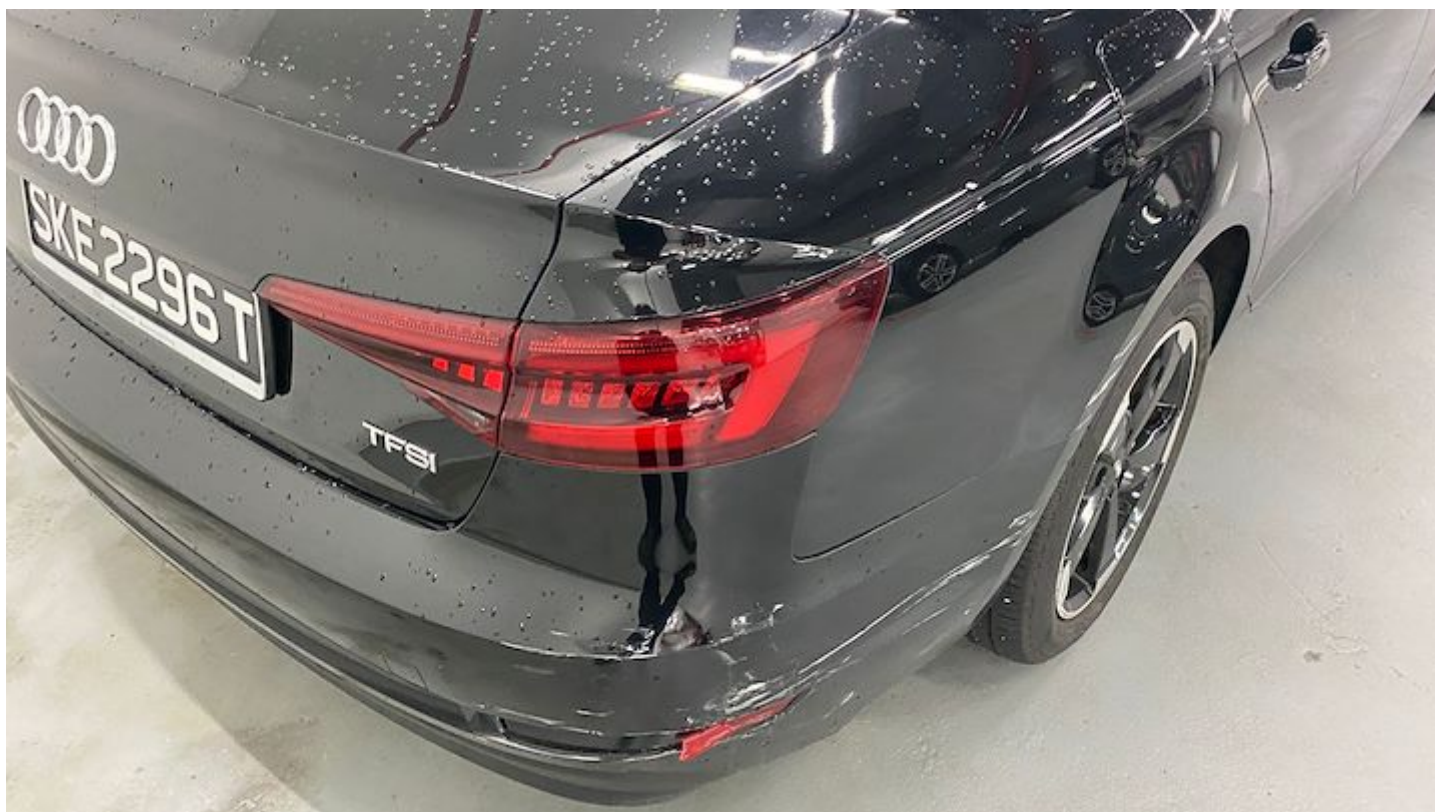
Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel















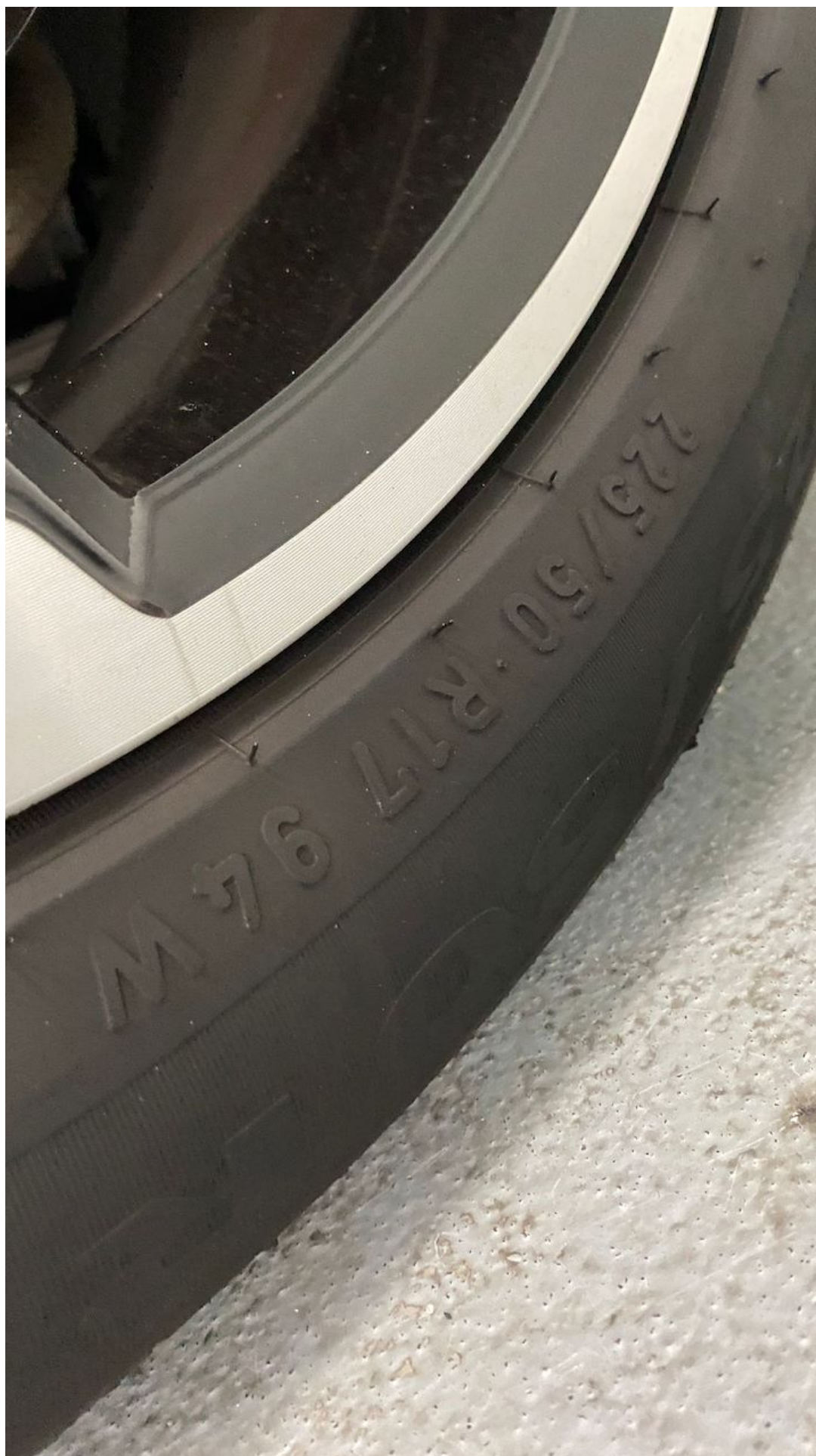


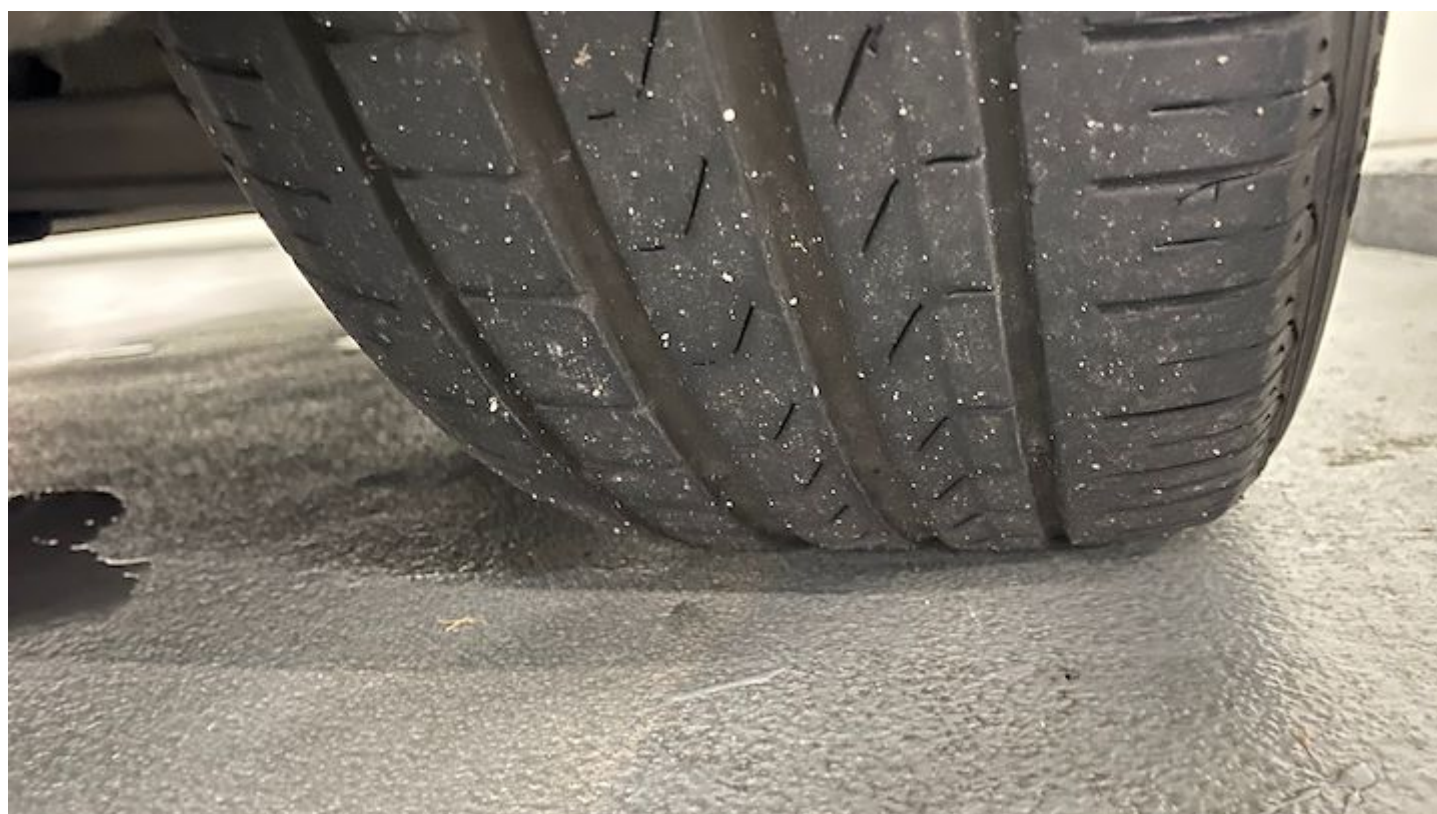






























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

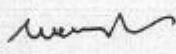
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

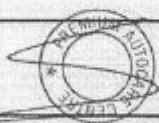
Original Report No : SP11228P0004 Vehicle Registration No : SKE2296T
Name(as shown in NRIC) : TEO CHENG LEONG DAVID NRIC/FIN/Passport No : SXXXX107H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BEDOK RESERVOIR #04-205 Singapore(470769)
Contact (Tel) : 96625511 Mobile No. : _____
Email Address : DAVID.TEO@MILLIONSOLAR.COM.SG
Date of Accident : 25/08/2022 Time of Accident : 13:45
Place of Accident : Lavender Street & Kallang Bahru, Singapore
Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO UPLOAD THE CORRECT SKETCH PLAN


Policyholder / Driver's Signature
Date: 26/8/2022


Reporting Centre Personnel's Signature
Name: NANU KHANU SENG, G. B. SENG
NRIC/FIN No.: G7000143X
Date: 26/8/22

STARAC addendum form V3