

REF:

SMX5278C Yr Recn: 2021 / Jan.

Veh No: 31122186 Yr Regn: 2021 / Jan.

Types: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Opel Crossland. C.C. 1199

Colour Blue A/C: Insured / Std / NI / NA

Sp. Reading 2589.3 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WOV7D9EB/L4426613

Gen. Cond: Good / Fair / Poor / Burnt


Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

205/10011

	
N/S	O/S

R: 205/60/K16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO LYOKO H-6-6

TOYO/YOKO or Henkook

Front \_\_\_\_\_ Rear \_\_\_\_\_

Front	Real

R/Bal. 06 mm R/Bal. 06 mm

1/21 26 1/21 26

L/Bal. 26 mm      L/Bal. 26 mm

D.O.A. D.O.I. 22/08/22

\_\_\_\_\_

Survey held at First Suburbia

\_\_\_\_\_

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

\_\_\_\_\_

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☐: Prel. Report

**Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee:  : Site Insp (\$

□: Interview (\$)

Arch. Invs (2)

Survey Fee:

Transportation:

3 + RS, SI

Photos

Cylinders



## 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	19/08/2022 14:33 (SGT)
Reported by	Both
Date of Accident	18/08/2022 17:17 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG PIER ROAD TOWARDS AYE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX5278C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	POON TEO PENG
NRIC No	SXXXX012Z
Email Address	RONNIEPOON_RP@OUTLOOK.COM
Mobile Phone No	(Phone) +65-82281526
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Opel
Model	Crossland
Variant	CROSSLAND X
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	1200

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5120707776-01

#### DRIVER

Name of Driver	RONNIE POON
NRIC No	SXXXX400F
Date Of Birth	22/06/1996
Occupation	Indoor

Date Of Driving Pass .....	23/09/2016
Driving experience .....	5 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82281526
Alt. Phone Number .....	-
Email Address .....	RONNIEPOON_RP@OUTLOOK.COM
Address .....	203D #12-57 COMPASSVSLE ROAD
Address complement .....	-
Postcode .....	544203
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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
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? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNE8538X
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Corolla
Vehicle Variant .....	-
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	RONNIE POON
Gender .....	Male
Phone No .....	(Phone) +65-82281526
Address .....	203D #12-57 COMPASSVALE ROAD
Address Complement .....	-
Post Code .....	544203
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK PAIN & LIP GOT CUT
Injured person in which vehicle? .....	SMX5278C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

**IMPORTANT NOTICE**

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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/are 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.

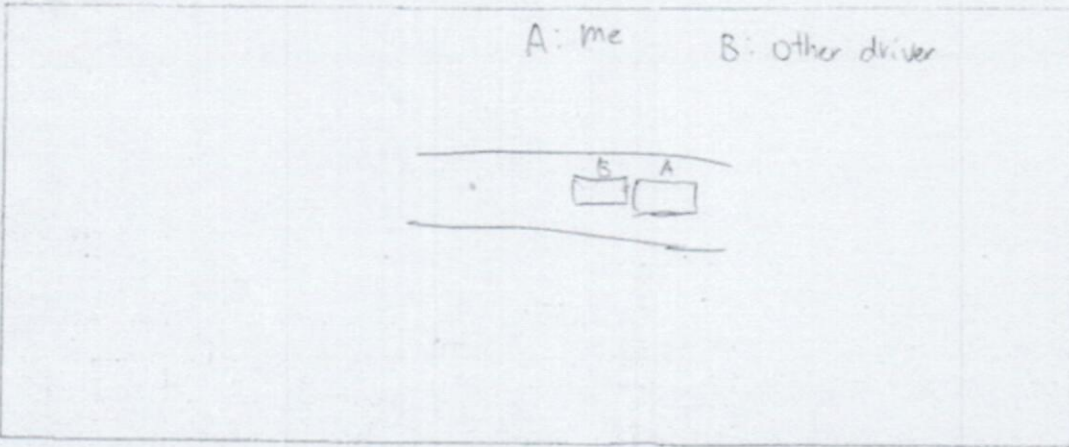
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19/8/22 1320

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Slowed my car to a stop at red light junction. Car behind did not stop in time and banged into my car.

DECLARATION

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

Policyholder's Signature  
Date & Time

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19/8/22 1320

Reporting Centre Personnel's Signature  
Name  
NRIC/ID No.

*[Signature]*

