SC22249L0001 / CYS Automobile Services Pte Ltd ENTRY DATE & TIME: 21/09/2024 12:06 (SGT) SUBMITTED BY: Tee Wee Sin VERSION: 1 (21/09/2024 12:06 (SGT))



# 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 <u>completed</u> by the <u>Policyholder and/or the Actual Driver</u>
  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.
- 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 First Submission

Reported by

Date of Accident

**Exact Location of Accident** 

Additional Location Information

Country/State of Loss

21/09/2024 12:06 (SGT)

Both Policyholder and Actual Driver

20/09/2024 15:10 (SGT)

Singapore

TAMPINES AVE 7

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLH8196G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

No

HENG WEI ZHI JONATHAN

SXXXX750F

HENGWZ.JON@GMAIL.COM

(Phone) +65-97953232

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Toyota

Camry

Private use

No - Claiming third party

Private car

Auto

2000

Petrol

14/05/2009

MR053BK4107042164

14/05/2009 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

**ECICS Limited** MPC24P00168500

DRIVER



Name of Driver HENG WEI ZHI JONATHAN NRIC No SXXXX750F Date Of Birth 12/07/1990 Occupation Outdoor **Driving Pass Date** 20/06/2012 **Driving License Pass Class** 3 **Driving License Validity** Valid Driving experience 12 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-97953232 Alt. Phone Number **Email Address** HENGWZ.JON@GMAIL.COM Address BLK. 194 PASIR RIS ST. 12 Address complement #10-74 Postcode 510194 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 3 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) 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?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

#### CIRCUMSTANCES OF ACCIDENT

## REFER POLICE REPORT NO: T/20240920/7080

#### 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 **GBF8448J** Vehicle Manufacturer Nissan Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver SIM XU XUAN SHERMAINE Contact Number (Phone) +65-97926966 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SMX9930B Vehicle Manufacturer Toyota Vehicle Model Sienta Vehicle Variant Vehicle Colour Vehicle Category Private hire Name of Driver **PETER** Contact Number (Phone) +65-98352283 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 HENG WEI ZHI JONATHAN Gender Phone No (Phone) +65-97953232 Address BLK. 194 PASIR RIS ST. 12 Address Complement #10-74 Post Code 510194 Approximate Age Years Old 34 Injuries Sustained Injured person in which vehicle? SLH8196G Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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)

Lunderstand, 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 :
- (ii) 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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Airposes; 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

VEHA: SZH8196G

VEH C: SMX9930B

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