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 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	09/10/2024 11:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/10/2024 17:13 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPY LORONG 2 EXIT PIE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD565Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEH GIM HWEE, PATRICK
NRIC No	SXXXX097I
Email Address	KEHPATRICK@GMAIL.COM
Mobile Phone No	(Phone) +65-96680663
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	VEZEL 1.5X A
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	1496
Vehicle Fuel	Petrol
First Regisration Date	31/05/2016
Chassis no	RU11112577
Effective Date/Time of Ownership	11/06/2019 04:06 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119719171-03

DRIVER

Name of Driver	KEH GIM HWEE, PATRICK
NRIC No	SXXXX097I
Date Of Birth	01/02/1961
Occupation	Indoor
Driving Pass Date	14/11/1980
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	43 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96680663
Alt. Phone Number	-
Email Address	KEHPATRICK@GMAIL.COM
Address	BLK 120 PAYA LEBAR WAY 04-2925 SINGAPORE 381120
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
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	N/A
Gender	Male

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 TO SKETCH PLAN

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	SHC2112L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

SKETCH PLAN

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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.
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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.

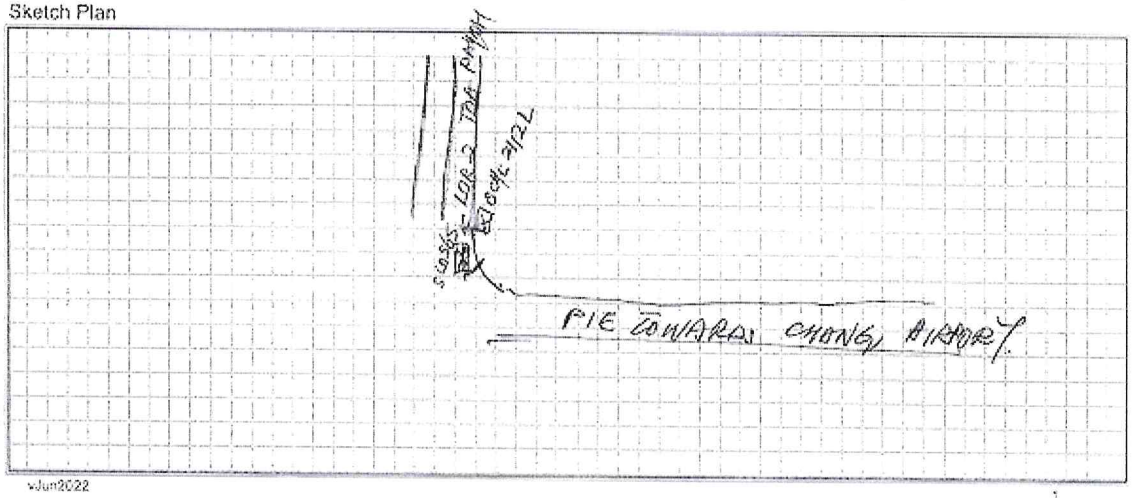
9/10/2024

Policyholder's Signature / Date & Time

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

Witnessed by Repair Centre Personnel (Name as in NRIC/Pass)

Sketch Plan



Describe Circumstance of the Accident

Date Of Accident : 8/10/2024.

Time : AROUND 17.13 HRS

Location : TOA PAYOH LOR 2 EXITING TO PIE, CHANGI AIRPORT.

Vehicles Involved

Vehicle A (Own Car) : SLD 565Z Vehicle B : SHC 2112 L

Vehicle C : Vehicle D :

Circumstances of the Accident :

ON 8/10/2024 AT ABOUT 17.13 HRS I WAS DRIVING ALONG TOA PAYOH LOR.2 TOWARDS PIE TO CHANGI AIRPORT. WHILE EXITING INTO PIE, TAXI SHC 2112 L CAME FROM BEHIND AND BANGED MY CAR SLD 565Z IN THE BACK. DURING THIS TIME, I HAVE A FRIEND SITTING AT THE FRONT PASSENGER SEAT. NO ONE WAS INJURED AND ROAD WAS DRY.

Declaration

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

9/10/2024

Policyholder's Signature / Date & Time | Actual Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

2

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SHC2112L

Date of Accident

08/10/2024

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... **MS First Capital Insurance Ltd**

Period of Insurance ..... **01/01/2024 - 31/12/2024**

Requested By ..... **ANG SIOK CHIN, YVONNE (JOO...**

Requested Date **09/10/2024 12:07**

Payment details
Request Amount: **S$2**
GST Amount: **S$0.18**
Total Amount Due (GST Inclusive): **S$2.18**

General Insurance Association
Records Management Centre
GST Registration No: **M400017735**