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 18/11/2024 16:46 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 16/11/2024 10:30 (SGT) Exact Location of Accident Near 259 Bukit Panjang Ring Rd, Block 259, Singapore 671259 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SMV6587P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **SEAH YEW HWEE** NRIC No. S8637812D Email Address LENSONSEAH@GMAIL.COM Mobile Phone No (Phone) +65-86865533 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model **VEZEL 1.5X CVT** 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 hire Transmission Auto CC 1496 Vehicle Fuel Petro First Regisration Date 14/10/2020 Chassis no RU11327389 Effective Date/Time of Ownership 10/07/2023 03:07 (SGT)

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D24MPC0008365

DRIVER



Name of Driver **SEAH YEW HWEE** NRIC No. S8637812D Date Of Birth 22/12/1986 Occupation Outdoor Driving Pass Date 04/04/2009 Driving License Pass Class Driving License Validity Valid Driving experience 15 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-86865533 Alt. Phone Number Email Address LENSONSEAH@GMAIL.COM Address BLK 402A NORTHSHORE DRIVE 13-44 SINGAPORE 821402 Address complement Postcode Is the driver the policyholder? 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? 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 PASSENGER 1 Name UNKNOWN Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Jurong Division Headquarters Police Station Phone No (Phone) +65-18007910000 Alt. Police Station Phone No (Fax) +65-68965647 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SLQ5178G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NUR HEIDI BINTE OSMAN
NRIC No	S8321541J
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	SEAH YEW HWEE
Gender	-
Phone No	-
Address	=
Address Complement	=
Post Code	=
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	=
Were seat belts worn?	=
Was this injured conveyed to hospital by ambulance?	=

SKETCH PLAN

IMPORTANT NOTICE

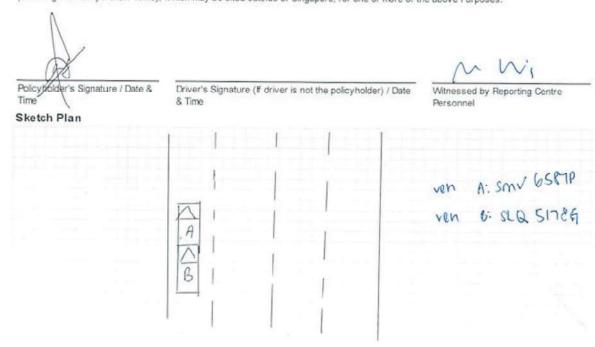
- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 GA 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 :
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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holder's Sign	ature / Date &	Driver's S	Signature (If	driver is not the	policyholder) / Date	Witnessed by	Reporting Centre





Report No. J/20241118/7056

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Date/Time Report Made 18/11/2024 13:31	Vide Report No.			Station Diary No	
Name Of Informant SEAH YEW HWEE	Address 402A NORTHSHORE DRIVE #13-44 SINGAPORE 821402				
ID Type / ID No.	Contact No.				
NRIC NO / S8637812D	Home/Office: Mobile: 86865533				
Nationality	Email Address				
SINGAPORE CITIZEN	LENSONSEAH@GMAIL.COM				
Occupation Real estate agent	Sex Male	Age 37	Date of Birth 22/12/1986	Race Chinese	
Institution/School Name	Language English				
Date/Time Of Incident	Location Of Incident				
16/11/2024 10:30 - 18/11/2024 13:20	NIL BUKIT PANJANG ROAD NIL				
Drief details.					

Brief details:

On 16th November 2024 10.30am, i was driving my car SMV6587P along Bukit Panjang Road. Approaching a junction the traffic light turn red and i brake and stop my car. Suddenly i felt an impact on my rear of the car. I alighted to check and found out a car SLQ5178G have rear end my car. I felt discomfort on my neck and calf after the incident and visit a clinic and was given 4 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2024 13:31	
Officer In-Charge Of Case:	Classification Of Case:	
Contact No.:		





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20241118/7056

Victim			
Person Name	SEAH YEW HWEE		
ID Type	NRIC NO	ID No	S8637812D
Sex	Male	Age	37
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Real estate agent
Address	402A NORTHSHORE DRIVE #13-44 SINGAPORE 821402	Mobile No	86865533
Email Address	LENSONSEAH@GMAIL.COM	Is Informant A Victim?	Yes
Person Name	SEAH YEW HWEE (Informant)	1	200

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2024 13:31	
Officer In-Charge Of Case:	Classification Of Case:	
Contact No.:		
100		