SH0H247N0001 / Hock Wah Motor Workshop Pte Ltd ENTRY DATE & TIME: 23/07/2024 11:14 (SGT) SUBMITTED BY: Hue Lee Yan

VERSION: 1 (23/07/2024 11:14 (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 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.

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

23/07/2024 11:14 (SGT) Both Policyholder and Actual Driver 21/07/2024 16:23 (SGT) 116 Bukit Merah View, Block 116, Singapore 151116 OPEN CAR PARK BLK 116 BUKIT MERAH VIEW Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLB5539C

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No.

Alternative Phone No

No

TEY JOO MENG. JOE

S7013237J

teyjoe@gmail.com

(Phone) +65-90918900

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Toyota Harrier

Private hire

No - Claiming third party

Private hire

Auto

1986

**INSURANCE COMPANY** 

Name of Insurance Company

Policy Number / Cover Note Number

DRIVER

Income Insurance Limited

5143037179

Name of Driver

NRIC No

Date Of Birth

Occupation

TEY JOO MENG, JOE

S7013237J

02/05/1970

Outdoor



Driving Pass Date

Driving experience Gender

Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?

Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? 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? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ONTO MY REAR LEFT PORTION AND CARBED. MY REAR LEFT WHEEL TO BE DAMAGED AND TYREPUNTURED. WE SLIGHTED AND EXCHANGED PARTICULAR. I HAD ALSO CALLED FOR A TOW TRUCK TO TOW MY CAR TO MY WORKSHOP.

ATTACHMENT(S)

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

Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

**GBK4853Y** 

-

Commercial vehicle

Accident report SH0H247N0001

Page 2 of 15

teyjoe@gmail.com 524A PASIR RIS S

(Phone) +65-90918900

28 YEARS AND 8 MONTHS

524A PASIR RIS STREET 51 #13-621

-

20/11/1995

Male

511524 Yes

No

-

Collision - Head to Rear

Clear Dry

No

2 No

INO -

Yes 1

No

-

-

-

No

No

ON 21/07/2024 AT ABOUT 1623HRS, I WAS DRIVING CAR A(SLB5539C) IN THE OPEN AIR CARPARK NEAR BLOCK 116 BUKIT MERAH VIEW. I HAD STOPPED MY CAR AND LOOKING FOR A PARKING LOT. SUDDENLY CAR B (GBK4853Y) COLLIDED

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)	

# COLA: SUB 5539C COLB: GBK 4853Y. Upen His corporte

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

 On 21/07/2024 et about 1623 his , 1 mas
 driving car A SLB 5539 C in the
 open air carpark near block 116, BUDY Mach
view. I had stopped my eas 3 looking for a
parting lot. Suddenly car B, GBK 4853 Y
collipsed onto my rear left portion 3 cased
my rear left wheel to be damaged & tyre
 punctured. We alighted 3 exchanged particulars.
I had also carred for a tow truck to tow
my car to my working.

DECLARATION

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

Policyholder's Signature

Date & Time:

22/7/29 Day

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22/7/24 2pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# **SKETCH PLAN**

## **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 Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 8y 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:
  - 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 daims;
  - (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, involces, 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.
- (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:
  - 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:

2pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

247/2x 200

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .: