SS1Q21180002 / SU Brothers Motor Workshop
ENTRY DATE & TIME: 08/01/2021 18:03 (SGT)
SUBMITTED BY: Su Kia Wee
VERSION: 1 (08/01/2021 18:03 (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 Authorised 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	08/01/2021 18:03 (SGT)
Date of Accident	07/01/2021 15:20 (SGT)
Exact Location of Accident	Still Rd, Singapore
Additional Location Information	163 STILL ROAD #01-00 SINGAPORE 423996
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB9566J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH CHEE HENG
NRIC No	SXXXX260H
Email Address	rachel.lyxeen@gmail.com
Mobile Phone No	(Phone) +65-96619393
Alternative Phone No	+65-93204858

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5118241049
Cover Note Number	5118241049

DRIVER

Name of Driver	LIM LI XIN RACHEL
NRIC No	SXXXX286C
Date Of Birth	16/10/1992
Occupation	Indoor

64812265

Date Of Driving Pass	19/07/2013
Driving experience	7 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93204858
Alt. Phone Number	-
Email Address	rachel.lyxeen@gmail.com
Address	APT BLK 792 WOODLANDS AVENUE 6
Address complement	#05-693
Postcode	730792
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	Raining
Road Surface	Wet

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 material 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

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

ON 7TH JANUARY 2021AT 1800PM, I WAS ON THE WAY TO THE CARPARK TO DRIVE MY CAR , AND I FOUND A NOTE ON MY FRONT WINDSCREEN GLASS. NORAFIZAH , OF VEHICLE NUMBER SMH 6227C ACCIDENTALLY HIT ONTO THE FRONT LEFT PORTION OF MY CAR.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH6227C
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Outlander
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) -

SKETCH PLAN

[illegible]

1. [illegible]
2. [illegible]
3. [illegible]
4. The issue and acceptance of this Form by insurers constitute 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 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.
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)

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,

(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:

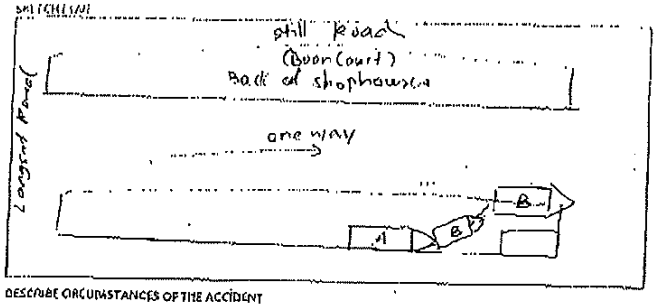
    (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purpose stated, or

    (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	Reporting Centre Personnel's Signature Name NRIC/FIN No

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7th January 2021, at 18:00pm, I was on the way to the carpark to drive my car, and I found a note in my front windscreen glass. Nordizah, of vehicle number SMH6237G is accidentally hit onto the front left portion of my car.

☐ Claim OD/TP at Su Brothers ☑ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my eFile accident report to:
My workshop :
Email address :
& myself :
Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Signature & Date

Signature & Date

64812265