

## 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	18/03/2021 14:46 (SGT)
Date of Accident	18/03/2021 10:21 (SGT)
Exact Location of Accident	Near 279 Holland Rd, Singapore 278620
Additional Location Information	Holland Road before Sixth Avenue
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6368L
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Citi-Lux Pte Ltd
Company Reg No	2XXXXX049G
Email Address	admin@citolux.com.sg
Mobile Phone No	(Phone) +65-82231616
Alternative Phone No	+65-62818328

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5114480755-01
Cover Note Number	-

#### DRIVER

Name of Driver	Poon Pui Him Henry
NRIC No	SXXXX568B
Date Of Birth	01/05/1959
Occupation	Indoor

Date Of Driving Pass	12/07/1997
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94759483
Alt. Phone Number	-
Email Address	henrypoonsg@gmail.com
Address	93 Cashew Road
Address complement	#14-03
Postcode	679664
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 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 18/03/2021 at about 1021hrs, I stopped my vehicle (A: SMP6368L) on the extreme right lane along Holland Road towards City direction. Suddenly, I felt an impact on my vehicle's rear portion and discovered that a vehicle (B: SME4370A) had hit onto rear portion of my vehicle. After the accident, I felt unwell.

#### 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	SME4370A
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Serene Soh Yin Choon
Contact Number	(Phone) +65-91176952
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

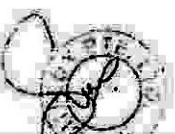
##### INJURED 1


Name of injured person	Poon Pui Him Henry
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMP6368L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

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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 be permitted to collect, use, disclose, store, process my personal data/personal information set out in this Form and any other personal information provided by me or assessed 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 and the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 relating to delivery of the same as well as on the external cover of envelopes and packages; and/or  
 (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively the "Purposes";  
 (b) if insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be 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.

  
 Policyholder's Signature / Date & Time

  
 Driver's Signature (if driver is not the policyholder) / Date & Time  
 18/05/2011 11:43 AM

  
 Witnessed by Reporting Centre Personnel *Lee Shi Sheng*

Sketch Plan

*Hand-drawn sketch plan showing vehicle positions and details.*

*Vehicle 1: 18/05/2011 11:43 AM*

*Vehicle 2: 18/05/2011 11:43 AM*

**Describe Circumstances of the Accident**

*note to victim report*

A large rectangular area with horizontal lines for writing, containing a large, stylized handwritten 'S' or 'Z' shape.

**Declaration**

*The undersigned hereby certifies that the information furnished is true and correct.*

*[Signature]*  
 Motorist's Signature / Date & Time

*[Signature]*  
 Driver's Signature / Date & Time  
 18/08/2021 19:30h

*[Signature]*  
 Witnessed by: [Signature]  
 Personnel [Signature]