SS0221450001 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 05/04/2021 09:51 (SGT)
SUBMITTED BY: Wong Kee Nyuk
VERSION: 1 (05/04/2021 09:51 (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 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 Submission	05/04/2021 09:51 (SGT)
Date of Accident	03/04/2021 10:44 (SGT)
Exact Location of Accident	Mandai Rd, Singapore
Additional Location Information	Mandai Road/Mandai Lake Road junction
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ8101D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Thirumaran S/O M Manickam
NRIC No	SXXXX514I
Email Address	1202mthira@gmail.com
Mobile Phone No	(Phone) +65-96381657
Alternative Phone No	(Home) +65-96381657

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla Altis 1.6 CVT
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	1599

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP316212
Cover Note Number	-

DRIVER

Name of Driver	Thirumaran S/O M Manickam
NRIC No	SXXXX514I

Date Of Birth	12/02/1966
Occupation	Indoor
Date Of Driving Pass	22/04/1991
Driving experience	30 YEARS
Gender	Male
Mobile Number	(Phone) +65-96381657
Alt. Phone Number	(Home) +65-96381657
Email Address	1202mthira@gmail.com
Address	BLk 880 #07-265 Yishun Street 81
Address complement	-
Postcode	760880
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 - Cross Junction
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 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

refer attached report.

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	SKR7929A
Vehicle Manufacturer	Toyota
Vehicle Model	Alphard
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Wu Yi
NRIC No	SXXXX369H
Contact Number	(Phone) +65-96581985
Address	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

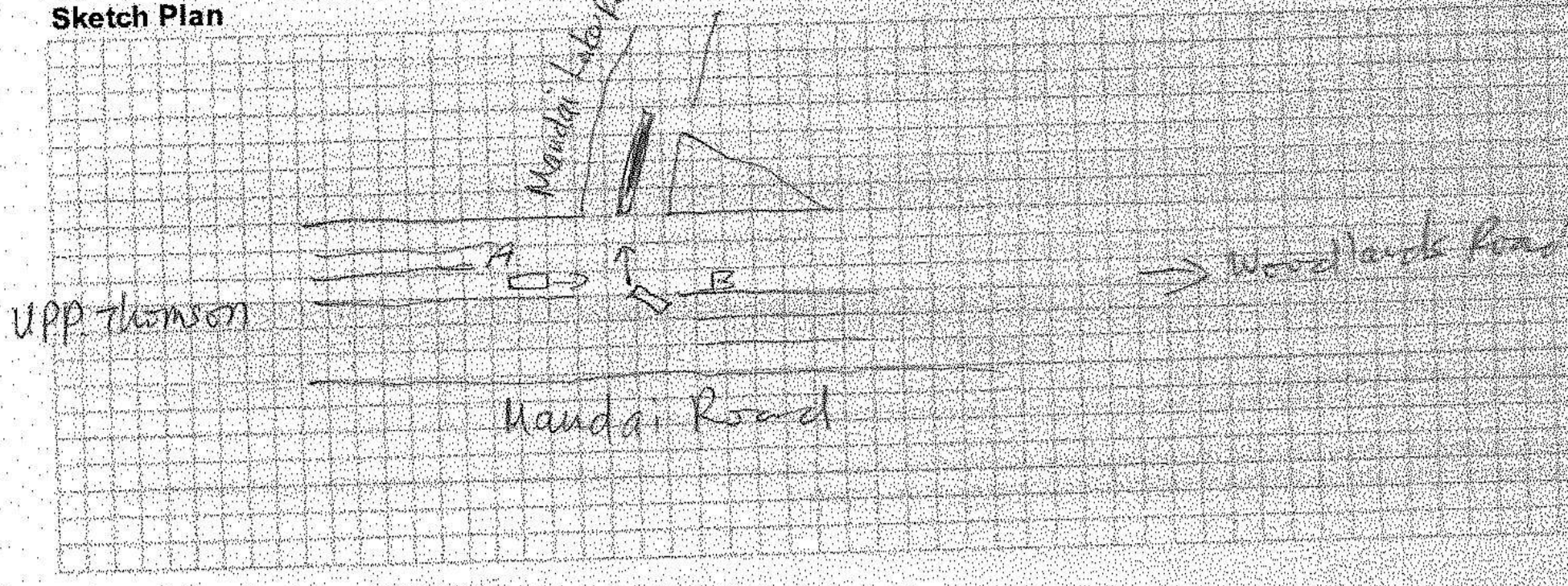
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

1) Driving to my office at Bukit Batok Crescent from Yishun
2) Approaching Mandai Road / Mandai Lake Road junction.
3) Traffic light was in my favor (green) while proceeding oncoming vehicle SKR 7929A was turning right into Mandai Lake Road fail to stop causing the accident
3) The driver of SKR 7929A was a lady came to my car and asked me if I am ok. I told her I am okay. I told her ~~the~~ the light was green and she should ~~not~~ have stop. ~~before~~ She apologized and said she was in the wrong. ~~and~~
4) Passing patrol car QX 1458D came to ask if anyone was injured. Lady driver said no one was injured in her car (husband, two children & helper) and I said I was not injured. The policeman said since no one was injured to shift our cars to a safe place and exchange particulars
5) I informed SSS Argyah that I need a witness in order to shift my car and ~~said~~ ~~I want to tell her~~ she assured me that the traffic light was in my favour and I asked her how she knew, she replied her police car was behind SKR 7029A ~~face~~ Then I shifted my car to the side to exchange particulars.
6) The traffic light has speed camera on both sides of road

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel