

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	05/04/2021 17:39 (SGT)
Date of Accident	05/04/2021 08:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS DRIVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP5470B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IBRAHIM ABDULLAH YEO @ YEO KHEE TECK MICHAEL
NRIC No	SXXXX449D
Email Address	IAYYEO@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96509811
Alternative Phone No	+65-96509811

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5025144008-13
Cover Note Number	-

DRIVER

Name of Driver	ABDUL HANNAN YEO BIN IBRAHIM ABDULLAH YEO
NRIC No	SXXXX233F

Date Of Birth	20/11/1995
Occupation	Indoor
Date Of Driving Pass	07/07/2014
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97248282
Alt. Phone Number	-
Email Address	AHANNANYEO@GMAIL.COM
Address	BLK 532 PASIR RIS DRIVE 1 #10-326
Address complement	-
Postcode	510532
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NURFARIZAH
Gender	Female

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

I WAS STOPPING AT THE JUNCTION TO GIVE WAY FOR THE ON-COMING TRAFFIC TO CLEAR BEFORE MAKING THE RIGHT TURN TO THE OPPOSITE SIDE OF PASIR RIS DRIVE 1 WHEN THE VEHICLE SKC1170P COLLIDED ONTO THE REAR LEFT PORTION OF MY VEHICLE SGP5470B, CAUSING DAMAGE.

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	SKC1170P
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE TECK SIONG
NRIC No	SXXXX111J
Contact Number	(Phone) +65-98767273
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

I was stopping at the junction to give way for the on-coming traffic to clear before making the right turn to the opposite side of the road when the vehicle SKC 1170P collided into the rear left portion of my vehicle SGP 54708 causing damage.

Declaration

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

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/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")

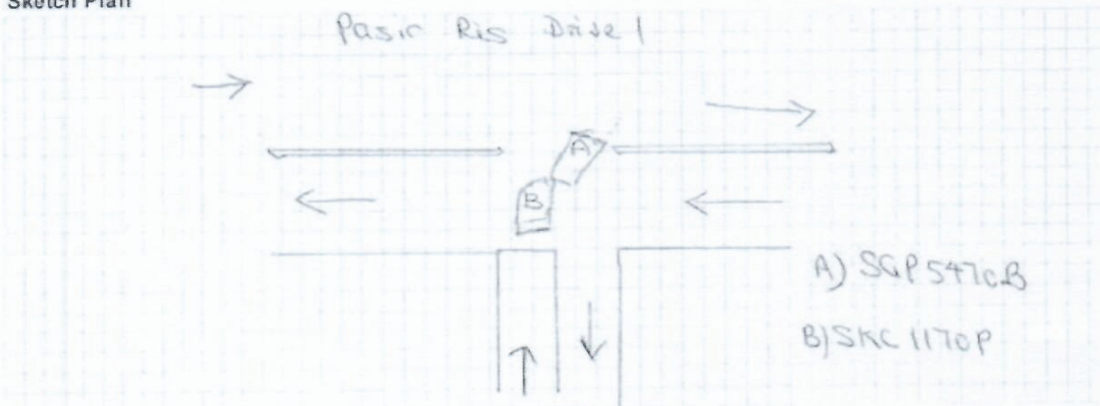
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SK0M21450002 Vehicle Registration No: SGP5470B
 Name (as shown in NRIC): ABDUL HANNAN YEO BIN IBRAHIM ABDULLAH YEO NRIC/FIN/Passport No: S9543233F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 532 PASIR RIS DRIVE 1 #10-326 Singapore (510532)
 Contact (Tel): _____ Mobile No.: 97248282
 Email Address: AHANNANYEO@GMAIL.COM
 Date of Accident: 5 4 2021 Time of Accident: 08 15AM
 Place of Accident: PASIR RIS DRIVE 1
 Insurance Company: NTUC INCOME

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER SHOULD BE 5025144008-13

Policyholder / Driver's Signature
 Date: 05 April 2021

Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: 5/4/2021