

SINGAPORE ACCIDENT STATEMENT

DISCLAIMER

1. This form is intended to assist the insured in the process of claiming.
2. This form must be completed by the insured and the Authorized Driver.
3. The insured must provide as much information as possible. Any material misrepresentation or withholding of material facts may allow insurance companies to repudiate the claim.
4. The insured's acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. This form is submitted to the Police for investigation.
6. This report will be forwarded by the insurance of the G&A Records Management Centre established by the General Insurance Association of Singapore (G&A) for archiving and this copy of this report will, for a fee, be made available upon application by interested parties.
7. By the completion 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 19/04/2021 12:00 (SGT)
Date of Accident 17/04/2021 21:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALEXANDRA ROAD TURNING TOWARDS DAWSON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH2359K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH TENG HONG
NRIC No SXXX572A
Email Address chousweelian@gmail.com
Mobile Phone No (Phone) +65-93380391
Alternative Phone No +65-93380391

VEHICLE PARTICULARS

Manufacturer Toyota
Model COROLLA AXIO
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Taxi
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5093816904-03 (COMP)
Cover Note Number -

DRIVER

Name of Driver KOH TENG HONG
NRIC No SXXX572A

Accident report SV0M214J0003

Pa

Date Of Birth
Occupation
Date Of Driving Pass
Driving Experience
Gender
Licence Number
Alt. Phone Number
Current Address
Address
Address Complement
Postcode

09/05/1951
Outdoor
14/10/1970
50 YEARS AND 6 MONTHS
Male
(Phone) +65-93380391
+65-93380391
chousweelian@gmail.com
BLK 824 #04-594 YISHUN STREET 81
760824
Yes
No
.
.

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

Collision - Head to Rear
Clear
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) 4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name
Gender UNKNOWN
Female

PASSENGER 2

Name
Gender UNKNOWN
Male

PASSENGER 3

Name
Gender UNKNOWN
Male

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 DRIVING ALONG ALEXANDRA ROAD TOWARDS DAWSON ROAD.
MY VEHICLE CAME TO A STOPPED BEFORE THE ZEBRA CROSSING TO GIVE WAY TO A PEDESTRIAN CROSSING THE ROAD.
SUDDENLY VEHICLE B CAME FROM BEHIND AND COLLIDED INTO THE REAR OF MY STATIONARY VEHICLE.

ATTACHMENT(S)

SKETCH PLAN

1. This form must be completed by the Policyholder and/or the Authorized Driver.

2. The report must be truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may result in the policy being voided.

3. The fact that a report is made by the Policyholder or the Authorized Driver is not an admission of policy liability on the part of the insurance company.

4. Any report made by the insured must be referred to the Police for investigation.

5. The report will be filed 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.

6. By the signature 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 thereafter.

7. 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 enquires by me;

(iv) administering my claims (including the making 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 based outside of Singapore, for one or more of the above Purposes.

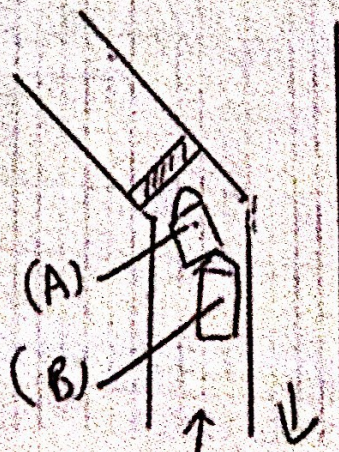
19 APR 2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A- SH 2359K

B- SKF 7937P

DOA - 17/4/21