

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	24/04/2021 13:11 (SGT)
Date of Accident	23/04/2021 17:32 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVENUE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK1210R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KH LEASING PTE. LTD.
Company Reg No	201611813C
Email Address	KAHUPLEASING@GMAIL.COM
Mobile Phone No	(Phone) +65-85182081
Alternative Phone No	+65-85182081

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5119987768
Cover Note Number	-

DRIVER

Name of Driver	LIM YEE CHEE
NRIC No	S0017540D

Date Of Birth	02/07/1950
Occupation	Outdoor
Date Of Driving Pass	04/11/1970
Driving experience	50 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81289826
Alt. Phone Number	-
Email Address	YCLIMG08@GMAIL.COM
Address	BLK 321 SEMBAWANG CLOSE #12-283
Address complement	-
Postcode	750321
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 - Change/cross lane
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 TO ATTACHED SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADV OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFZ7921M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHELLAPPAN PILLAI SREEDEVI ULLAS KUMAR
NRIC No	S7480298B
Contact Number	(Phone) +65-98157124

 Accident report SN07214O0009

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

SKETCH PLAN

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4. The issue and acceptance of this form by insurance companies is not an admission or policy liability on the part of the insurance company.
5. Any later report may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the OA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and distribution of this report will for a fee be made available upon application by interested parties.
7. By the signature of this report to the insurers, you hereby consent to the printing of this report as it is submitted to records of the report being made available.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that

 - (a) My insurers, my workshop and/or General Insurance Association of Singapore (GIAS) may be permitted to collect, use, disclose and/or process my personal data/personal information for use in this form and any other related information provided by me or possessed by my insurers (collectively the "Personal Information") and data and any other personal information to an insured who have insured with GIAS, and/or in the accident claim report if I have insured (vehicles) involved in the accident for my vehicle's relevant insurance ("Insurers") for insurers' administrative use, the necessary staff of GIAS and its relevant associated authority (collectively the "Insurers") for the purpose(s) as:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigation relating to the claims;
 - (ii) carrying out and/or dealing with my instructions or responding to my enquiries by way;
 - (iii) administering my claims (including the running of correspondence, statements, and documents or notices to me, which shall involve disclosure of certain personal data about me in relation to the claim, about driving as well as on the internal cover of investigation packages), and/or
 - (iv) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "purpose(s)").
 - (b) all Insurers who have insured vehicles involved in this accident and the Insurers' lawyers/law firms, if they are permitted to court, use, disclose and/or process my Personal Information for one or more of the above purposes; and
 - (c) my Personal Information may/ may not be disclosed by any of the Insurers' and/or GIAS to third party service providers or agents (including their lawyers/law firms), which may be located outside of Singapore, for one or more of the above purposes;
 - (d) my Personal Information will also be collected and used to compile claim history for the purpose of fraud detection, investigation and management in respect of all future claims;
 - (e) the information collected under (d) above may be shared / disclosed
 - (f) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulation, law enforcement and government agencies at responsibility required for the purposes stated, or
 - (g) for complying with requirements under any regulatory laws or court orders.

Insured's Signature
 Date & Time: 24/04/2021 12:54Hrs.

Driver's Signature
 Date & Time: 24/04/2021 12:30Hrs.

Report Centre Personnel's Signature
 Name: Sumati Sankar
 SMCZ ID No: SP02365C

SKETCH PLAN

A: SKK 12102
B: SFZ 792110

Sketch Plan showing vehicle positions and directions. The plan includes a grid with arrows indicating movement. A box labeled 'SIMBAMUNO' is present. The text 'Sketch Plan' is written vertically on the left side.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the day date 23rd April 2021 around 12:00pm I was driving south along the highway. I was coming to a junction and I was about to turn right. A car was coming from the left side of the road. As I was turning right, I noticed the car was in my left side of the road. Also, the front right side of his car was damaged.

DECLARATION
(We declare that the particulars are true in every respect.)

Police Officer's Signature: [Signature]
Date & Time: 24/04/2021 12:30:25

Driver's Signature: [Signature]
(If driver is not the policyholder)
Date & Time: 24/04/2021 12:30:25

Reporting Officer's Signature: [Signature]
Name: SIMA SULLAWA
NRIC No: 88813634