SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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
- 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.

4. The issue and acceptance of this report to the Police for investigation.

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	21/07/2021 10:42 (SGT) 19/07/2021 16:22 (SGT) Singapore TRAFFIC LIGHT JUNCTION AT PASIR RIS DRIVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	***************************************	SMM6396X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No CHAN SIEW HONG ELAINE SXXXX150D rraine07@hotmail.com (Phone) +65-96228741 +65-96228741
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VEHICLE PARTICULARS

Manufacturer

Model Variant	Toyota SIENTA ELEGANCE
Exact purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	No - Claiming third party Private car Auto 1496

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy	NTUC Income Insurance Co-operative Ltd Comprehensive
Policy Number Cover Note Number	5117972349-01

DRIVER

Name of Driver	 CHAN SIEW HONG ELAINE
NIDIO NI	OTHER DIETETIONS ELFANTE
NRIC No	 SXXXX150D

Date Of Birth	02/11/1980
Occupation	Indoor
Date Of Driving Pass	12/04/2013
Driving experience	8 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96228741
Alt. Phone Number	+65-96228741
Email Address	rraine07@hotmail.com
Address	BLK 485B TAMPINES AVE 9 #05-130
Address complement	-
Postcode	521485
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	110
CHARLES CHARLES TO A THE CONTROL OF	
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 an famine while in the state of	
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 vehicle 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?	No
CIRCLMSTANCES OF ACCIDENT	
TOTAL TO CONTROL OF ANY	
REFER TO SKETCH PLAN.	
NOTE: WEHICLE REPAIR AT OWNER WISHOP - LOH HENG	
ATACHETS	
Are accident photos available for attachment?	Yes
Mass there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
	VEHICLE PROPERTY I
/ehicle Registration Number	SLH4761B
/ehicle Manufacturer	
/ehicle Model	
/ehicle Variant	
/ehicle Colour	
/ehicle Category	Private car
lame of Driver	MESWAN
Contact Number	(Phone) +65-90294546

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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.

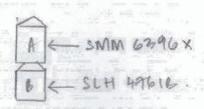
Dash 21/1/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Sketch Plan



neident happened on Monday, 19 July 2021 at 4.22 pm along Tampfiret avenue 10 I was noutring at a traffic hight when I was expectedly Palar RIS Drive 12. I was dopped at a red light when the left car came from behind and two-left my car at the back. The driver also and I augusted from our respective cars and his car plate number is 24 47618. He gave me his name as Mesman and his contact number is 9029 4546. 16632 8741 Traine 07 @ Internal - com: 1695.	scribe	Circum	stances	s of the	e Accid	ent	10 1	1 24		A	3 014	~1	. ~		.06
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Declaration

We declare the foregoing particulars are true in every respect.

21/7/202

Policyholder's Signature / Date & Time

Oriver's Signature (# driver is not the policyholder) / Date 8. Time

SIN MING

Witnessed by Reporting Centre Personnel