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 the control of this report will fee fee be made qualified to the proposition by interested parties. 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	26/07/2021 15:48 (SGT)
Date of Accident	25/07/2021 12:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number		SMS4331P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEO KEE CHAU
NRIC No	S0763588E
Email Address	jakob@post.com
Mobile Phone No	(Phone) +65-96347161
Alternative Phone No	+65-96347161

VEHICLE PARTICULARS

Manufacturer

Model Variant	SIENTA HYBRID 1.5X CVT
Exact purpose for which vehicle was being used at time of accident	<u>-</u>
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120902584
Cover Note Number	26/02/2021 TO 25/02/2022

DRIVER

Name of Driver	LEO LIP HWEE (LIAO LIHUI)
NRIC No	S8035861Z

Date Of Birth 13/11/1980 Occupation Indoor Date Of Driving Pass 28/08/2017 Driving experience 3 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-96777899 Alt. Phone Number Email Address jakob@post.com Address APT BLK 421 BEDOK NORTH ROAD #05-595 (S) 460421 Address complement Postcode Is the driver the policyholder? Nο 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. 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 FILE SIZE TOO LARGE, UNABLE TO UPLOAD Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SMV125D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	_

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP5026E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	_
Contact Number	-
Address	_
Address complement	_
Postcode	_
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_
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DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SH8323Z -
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	LEO LIP HWEE (LIAO LIHUI) APT BLK 421 BEDOK NORTH ROAD #05-595 (S) 460421
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SMS4331P Yes No

SKETCH PLAN

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- 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.
- 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)

Lunderstand, 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' 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.

26-07-2021

26-07-2021

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to attached.	

We declare the foregoing particulars are true in every respect.

& Time

Policyholder's Signature / Date & Time

26-07-2021

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

Witnessed by Reporting Centre Personnel On 25/07/2021 at around 1220hrs, I drove my car SMS4331P along cte in the 2nd lane of the right. Suddenly lorry GBJ4026Z swerve to right in front of me, then I saw that vehicle in front were involved in an accident. I immediately swerve to right to avoid hitting. However, my car had hit onto the rear right portion of SMV125D. At the same time, there was an on-coming vehicle came from my right. To avoid oncoming car on my right, my car dashed forward hit onto taxi SH8323Z rear right roof top and stop.

According to the taxi driver that, it was a motorcycle who had fell down in front of him which was hit by a lorry, and causing taxi SH8323Z jam brake. Car SMP5026E who behind the taxi SH8323Z managed to react in time and did not hit onto the taxi. It was car SMV125D who came from behind them, unable to react in time and hit onto the car SMP5026E, however he did not hit onto the taxi SH8323Z.

Traffic police and ambulance came, took motorcycle rider to hospital, no one else was injured in the accident except for me.l asked everyone else they were fine, only i was injured (besides the motorcyclist).

26-07-2021

6-07-2021















































