SS02218E0003 / S & H Motor Pte Ltd SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (14/08/2021 16:52 (SGT)

# 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 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	14/08/2021 16:52 (SGT)
Date of Accident	13/08/2021 18:45 (SGT)
Exact Location of Accident	Cross St, Singapore
Additional Location Information	Chinatown - Cross Street towards CTE (few metre after China
	Street)
Country/State of Loss	Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Numbe		SME6767B
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### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No Chan Ying Nee Patricia S6907709I clementwai1206@gmail.com (Phone) +65-81897608 (Home) +65-81897608
Alternative Phone No	(Home) +65-8189/608

# VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	<b>.</b>
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	1599

## INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	India International Insurance Pte Ltd Comprehensive No D20MPC0005967
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#### DRIVER

NRIC No Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address 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	S8803016H 07/02/1988 Outdoor 24/09/2010 10 YEARS AND 11 MONTHS Male (Phone) +65-81897608 - clementwai1206@gmail.com 12 Canberra Drive #04-22 - 767094 No Sibling No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes No Yes 3
PASSENGER 1	
Name Gender  PASSENGER 2	unknown Male
Name Gender	unknown Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
refer attached report.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC3365S



Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	Chew Kok Hai
NRIC No	S1660225F
Contact Number	(Phone) +65-83284469
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 Gender Phone No Address	Wai Zhi Cheng Clement Male (Phone) +65-81897608
Address Address Complement Post Code Approximate Age Years Old	
Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- SME6767B - No

Describe Circumstances of	the Accident		
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icyholder's Signature / Date &	Driver's Signature (If driver is not the & Time	policyholder) / Date	Witnessed by Reporting Centre Personnel

#### SKETCH PLAN

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- 1. Flease report correctly the details of the accident to speed up the claims process.
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- 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)

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

Sketch Plan

Witnessed by Reporting Centre Personnel

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