

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	26/08/2021 11:09 (SGT)
Date of Accident	25/08/2021 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE Woodlands at Bukit Panjang Exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL350C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HENG SENG LEE ELECTRICAL & PLUMBING CONTRACTOR
Company Reg No	27900700X
Email Address	GANGARY1845@GMAIL.COM
Mobile Phone No	(Phone) +65-96840328
Alternative Phone No	+65-96840328

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Auto
CC	1100

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121016685
Cover Note Number	-

DRIVER

Name of Driver	GAN CHEE GAT
NRIC No	S1774665J

Date Of Birth	31/05/1966
Occupation	Outdoor
Date Of Driving Pass	02/01/1993
Driving experience	28 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90611829
Alt. Phone Number	-
Email Address	GANGARY1845@GMAIL.COM
Address	BLK 676 #04-563 HOUGANG AVE 8
Address complement	-
Postcode	530676
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
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 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?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4357P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	EDWIN CHEONG JIA FANG
NRIC No	S9027864I
Contact Number	(Phone) +65-92342555
Address	-

ss complement	-
code	-
urance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 26/08/2021 - 10:54

Report No: MH

D.O.A. 25/08/2021

Time: 19:00 hrs

Vehicle No: GBL 350C

Reporting Type:

SKETCH PLAN

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8. **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 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' 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 sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

HENG SENG LEE ELECTRICAL & PLUMBING CONTRACTOR
BLK 37, DEPU LANE 10, #02-76
SINGAPORE 630214
TEL: 6382 0758 FAX: 6382 0076

26/08/21 - 10:54

Policyholder's Signature / Date & Time



26/08/21 - 10:54

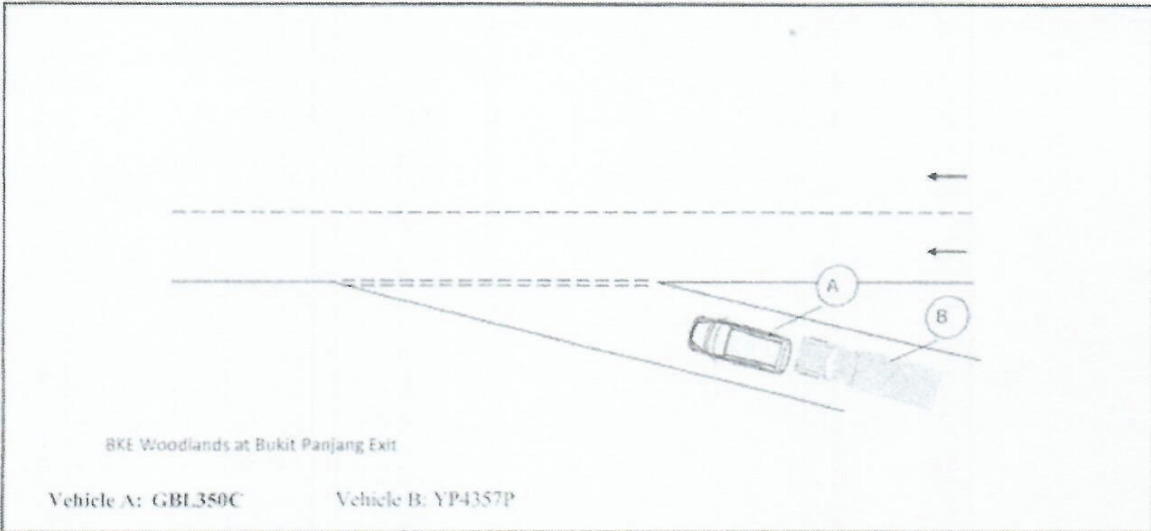
Driver's Signature (if driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in the traffic queue waiting to join the main road. As the traffic in front of me braked and stopped, I also followed to brake and stopped. Moments after, vehicle B hit into the rear of my vehicle A.

Declaration

I/We declare the foregoing particulars are true in every respect.

HONG SENG LEE ELECTRICAL & PLUMBING CONTRACTOR
BLK 37, DEFU LANE 10, #02-75
SINGAPORE 530214
TEL: 62829758 FAX: 62829078

26.08.21 / 10:54

Policyholder's Signature / Date & Time

26.08.21 / 10:54

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel