

SS1Q219K0001 / SU Brothax Motor Workshop
 ENTRY DATE & TIME: 20/09/2021 11:45 (SGT)
 SUBMITTED BY: Su Kia Wee
 VERSION: 1 (20/09/2021 11:45 (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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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	20/09/2021 11:45 (SGT)
Date of Accident	18/09/2021 16:40 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	UPPER SERANGOON ROAD TOWARDS PUNGGOL, SLIP ROAD TO HOUGANG AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ2489R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN WAI SENG
NRIC No	SXXXX123A
Email Address	never-hack@hotmail.com
Mobile Phone No	(Phone) +65-92352673
Alternative Phone No	+65-92352673

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5066258969-06
Cover Note Number	5066258969-06

DRIVER

Name of Driver	CHAN QIJIAN
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NRIC No	SXXXX280G
Date Of Birth	08/03/1995
Occupation	Indoor
Date Of Driving Pass	13/10/2017
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92352673
Alt. Phone Number	-
Email Address	never-hack@hotmail.com
Address	APT BLK 319A ANCHORVALE DRIVE
Address complement	#11-76
Postcode	541319
Is the driver the policyholder?	No
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	YEW SHI LING SHERLYN
Gender	Female

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

ON 18/09/2021 @ARD 1640HRS, I WA TRAVELLING ALONG UPPER SERANGOON RD TOWARDS PUNGGOL WITH MY WIFE ON BOARD. AT THE SLIP RD TO HOUGANG AVE 2. I STOPPPED AT THE GIVEWAY LINE WAITING FOR THE MAIN RD TO CLEAR. WHILE WAITING, SUDDENLY, I FELT AN STRONG IMPACT FROM THE REAR OF MY VEHICLE. I EXITED MY VEHICLE AND REALISED THAT VEH (B) SLQ4369D HAD COLLIDED INTO MY VEHICLE REAR PORTION.

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	SLQ4369D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG SOCK HUAY
NRIC No	SXXXX524Z
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	CHAN QIJIAN
Gender	Male
Phone No	(Phone) +65-92352673
Address	APT BLK 319A ANCHORVALE DRIVE
Address Complement	#11-76
Post Code	541319
Approximate Age Years Old	26
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SGZ2489R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YEW SHI LING SHERLYN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SGZ2489R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

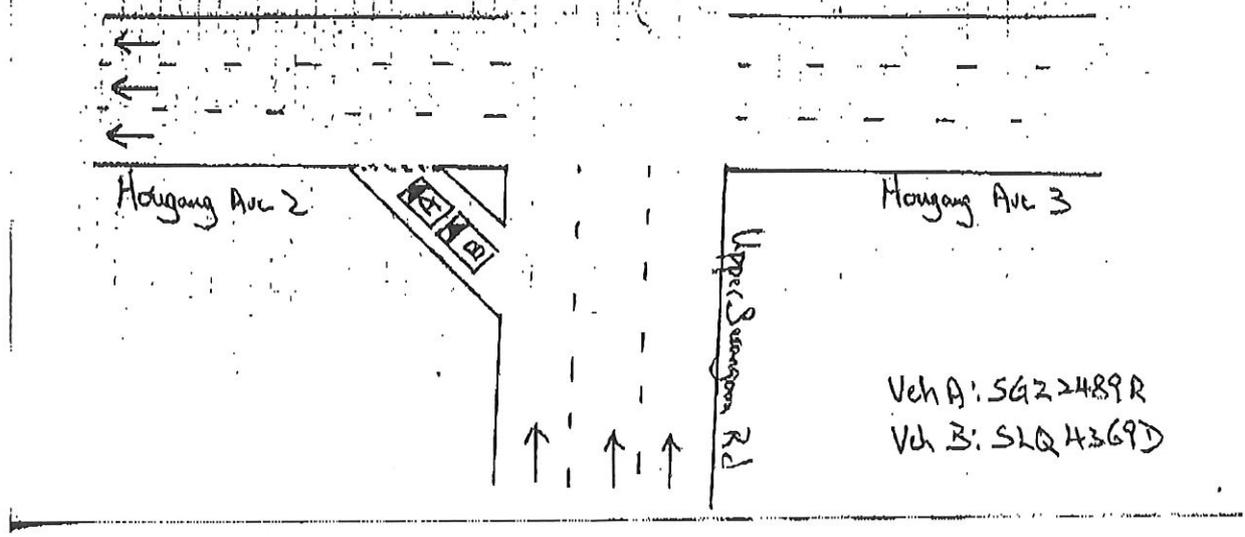
- 1. Please report promptly the details of the accident to speed up the claim process.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
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- 6. The report will be forwarded by the insurers of the GIA Records Management 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 elsewhere.
- 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' law firms/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 and 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 firms/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 firms/law firms), which may be located outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

On 18/9/21 @ approx 16:00hrs, I was travelling along Upper Serangoon Rd towards Tungal with my wife on board. At the slip rd to Hougang Ave 2, I stopped at the giveaway line waiting for the main rd traffic to clear. While waiting, suddenly I felt an strong impact from the rear of my vehicle. I exited my vehicle and realised that vehicle SLQ4369R had collided into my vehicle rear portion.

PLEASE TICK :

Claim OD/TP at SUI Brothers

Claim OD/TP at other workshop

Reporting Only

Declaration

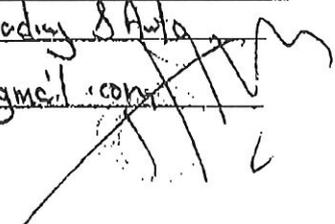
We declare the foregoing particulars are true in every respect.

Name of Workshop
Email Address

Massive Trading & Auto
massivetrade@gmail.com


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel