SS02219L0008 / S & H Motor Pte Ltd ENTRY DATE & TIME: 21/09/2021 17:16 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (21/09/2021 17:16 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 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 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

21/09/2021 17:16 (SGT) 20/09/2021 14:05 (SGT) 480 Lor 6 Toa Payoh, Singapore 310480 HDB Hub Basement carpark Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGK3380S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

Yeang Chuan Chiat

S1352483A

cyeang@gmail.com

(Phone) +65-88331718 (Home) +65-88331718

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Honda Civic

Private use

No - Claiming third party

Private car

Auto

1800

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

ThirdParty No

5067990322-07

DRIVER

Name of Driver

NRIC No

Yeang Chuan Chiat S1352483A



Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

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?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

refer attached report.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

17/11/1959 Indoor

19/08/1983 38 YEARS AND 1 MONTH

Male

(Phone) +65-88331718 (Home) +65-88331718 cyeang@gmail.com

8 Angklong Lane #14-06

579981

Yes

No

Collision - Cross Junction

Dry

Clear

Was anybody injured in the Accident?

2 No

No

Was any injured conveyed to hospital by ambulance?

Yes

No

No

No

Was there any audio recorded?

Yes No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

Contact Number

Address

SKK2347Z

Honda Jazz

Private car

Tay Shilin Selene S8305919B

(Phone) +65-88581801

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

Describe Circumstances	of the Accident	
On 200	sep 21, at about 2:05pm. I divove ub Basement I Car Park to park my as driving along the orteral lave. B478), driven by Selene Tay Shi	
FIDE H	Passingent I C - Pad to	imo jontayon
Aclu	AS driving Lar fark to park My	vehicle (SGE33505).
13 W	as ariving along the orteral lavie	a car, Hoyda Jazz
(SEK 2	34+8), arven by Selene Tay Shi	Lin, come out of a
side la	W. C.	
Instead	of stapping behind the white stop own in photos attached to give e (as I had the right of way), sho will need driving and collided in of my vehicle:	line of the lane,
(95 SM	own in photos attached) to give	way to my
vehic	e (as I had the right of way), she	e did not step,
but co	entinued driving and collided in	to the front
right	of my vehicle.	
We b	oth got our and inspected and to amage to our cars and took down	ook photos of
the o	amage to our cars and took down	n each other
portic	ulars and mobile numbers.	, , , , , , , , , , , , , , , , , , , ,
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A CONTRACTOR AND A CONTRACTOR OF THE CONTRACTOR		

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ACCOUNTS IN A STANDARD CONTRACT CONTRACT OF THE PROPERTY OF TH		
THE RESIDENCE OF THE PROPERTY		
Declaration		
We declare the foregoing particu	lars are true in every respect.	
Ch		
Folicyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
Time	& Time	Personnel

SKETCH PLAN

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- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 yersilaw 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 making 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 &

BASEOVENT 1, CAR PARK

Sketch Plan

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

Witnessed by Reporting Centre Personnel

LOCATION:

TOU BAYOH

HOB HUB

WELLOW BOX

ONE WAY

STOP LINE

A = SG K33880 S

B = SKK 23478