

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	05/10/2021 11:58 (SGT)
Date of Accident	04/10/2021 15:00 (SGT)
Exact Location of Accident	Sembawang Road, Singapore
Additional Location Information	JUNCTION YISHUN AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK3273H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAFEDRIVE SERVICES
Company Reg No	53327043W
Email Address	hyeesiew@hotmail.com
Mobile Phone No	(Phone) +65-91000882
Alternative Phone No	+65-91000882

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113207216-01
Cover Note Number	-

DRIVER

Name of Driver	HAN YEE SIEW
NRIC No	[REDACTED]

Date Of Birth	14/04/1961
Occupation	Outdoor
Date Of Driving Pass	11/12/1979
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	-
Email Address	hyeesiew@hotmail.com
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RYAN HAN WEI TING
Gender	Male

PASSENGER 2

Name	TOH CHAI HEONG
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

I WAS TRAVELLING ALONG SEMBAWANG ROAD AT THE JUNCTION OF YISHUN AVE 5 ON 04/10/2021 AT ABOUT 1500HRS. WHILE WAITING FOR THE TRAFFIC CONTROL, SUDDENLY VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. WE ALIGHTED TO EXCHANGE PARTICULARS AND LEFT THE ACCIDENT SCENE AFTERWHICH. THAT'S ALL.

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	SKS3767X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN MENG GUEK
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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6. 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 purposes 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 obligations in responding to and enquiring by me;
 - (iv) administering my claims including the reading, storing, producing, statements, invoices, reports or notices to me, which could involve the use of certain personal data about me relating to the delivery of the claims as well as the external cover of envelopes/firm packages; and/or
 - (v) complying with applicable law, insurance policy, processing, handling and/or dealing with my claims under the "Purposes".
- (b) 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 transfer my Personal Information for one or more of the above Purposes; and
- (c) My Personal Information may/also be disclosed by any of the insurers and/or GIA to the third party where it is provided in good faith following the occurrence of the accident, which may be a third party in or out 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 this policy may be shared / disclosed:
 - (i) to all insurers and/or any other third party for the purpose of establishing, investigating, settling and/or managing the claim; law enforcement and government agencies as may/they require for the purposes stated; or
 - (ii) for complying with requirements under any regulatory laws or court orders.

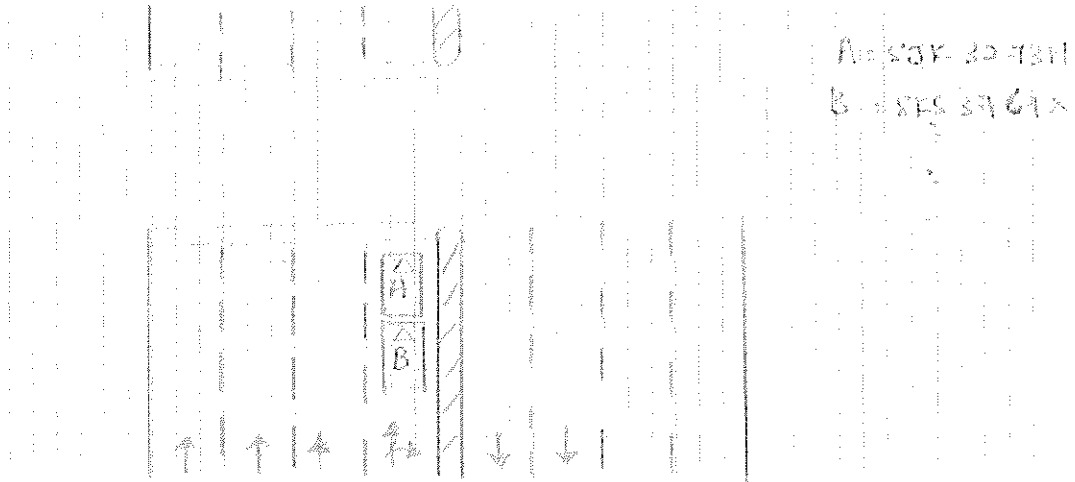


Completed by: *[Signature]*
Policyholder

Accepted by: *[Signature]*
Insurer(s) / Workshop
Date: 11/11/2021

Received by: *[Signature]*
Insurer(s) / Workshop
Date: 11/11/2021

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Sembawang Road at the junction of
 Jalan the S on 09/10/2011 at about 1500hr. While
 waiting for the traffic control suddenly vehicle B collided
 into the rear portion of my vehicle. We alighted to exchange
 particulars and left the accident scene after which that's all.

DECLARATION

I declare that the above information is true and correct to the best of my knowledge.

[Signature]
 Name of the driver
 Date

[Signature]
 Name of the witness
 Date

I declare that the above information is true and correct to the best of my knowledge.

[Signature]
 Name of the driver
 Date