

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 12/10/2021 14:15 (SGT)
Date of Accident 12/10/2021 12:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO STREET 32
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS1206L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KH LEASING PTE. LTD.
Company Reg No 201611813C
Email Address Weileemotorworks@gmail.com
Mobile Phone No (Phone) +65-90690032
Alternative Phone No +65-90690032

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 hire
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5122792611
Cover Note Number -

DRIVER

Name of Driver HAN NENG SIEW
NRIC No S0171128H

Date Of Birth	29/12/1952
Occupation	Outdoor
Date Of Driving Pass	13/01/1978
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96544385
Alt. Phone Number	-
Email Address	KENHAN@SINGNET.COM.SG
Address	BLK 310B ANG MO KIO AVENUE 1
Address complement	#09-375
Postcode	562310
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Major/Minor Rd
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

ON 12TH OCTOBER 2021 AT ABOUT 1220HRS, I WAS DRIVING ALONG ANG MO KIO STREET 32. AS I WAS TRAVELLING STRAIGHT, CAR SLJ6974E CAME FROM MY RIGHT SIDE AND CAUSING THE COLLISION TO OCCUR. THE OTHER DRIVER WAS FROM DRIVING ACROSS FROM OPPOSITE ANG MO KIO SWIMMING COMPLEX CARPARK INTO BLOCK 340 ANG MO KIO AVENUE 1 CARPARK. WE GOT DOWN FROM THE CAR TO TAKE PHOTOS OF THE ACCIDENT AND EXCHANGED PARTICULARS.

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

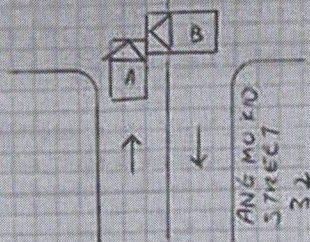
Vehicle Registration Number	SLJ6974E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG SOO CHIN

NRIC No	S1288708F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

A-SK51206L
B-SLJ6974E

340
ANG MO KIO
AVENUE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to gear report

DECLARATION

We declare that the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 12/10/21 1400hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/10/21 1400hrs

Reporting Centre Personnel's Signature
Name: Chan
NRIC/FIN No: S990319

SKETCH PLAN**IMPORTANT NOTICE**

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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.

Leasing Plan
2018/15/13
Policyholder's Signature
Date & Time: 12/10/21
1400h

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/10/21
1400h

Reporting Centre Personnel's Signature
Name: SHAN
NRIC/FIN No.: SP0349