

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 13/10/2021 13:50 (SGT)
Date of Accident 13/10/2021 11:05 (SGT)
Exact Location of Accident 15 Flower Rd, Singapore 549404
Additional Location Information Catholic Kindergarten
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX8693C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Lee Hock Chuan
NRIC No S1129507Z
Email Address lee.peterhc@gmail.com
Mobile Phone No (Phone) +65-97608138
Alternative Phone No +65-97608138

VEHICLE PARTICULARS

Manufacturer Honda
Model City
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 1500

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D18MPC0000708_03
Cover Note Number -

DRIVER

Name of Driver Lee Hock Chuan
NRIC No S1129507Z

Date Of Birth	29/05/1955
Occupation	Indoor
Date Of Driving Pass	02/07/1976
Driving experience	45 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97608138
Alt. Phone Number	+65-97608138
Email Address	lee.peterhc@gmail.com
Address	Block 832 Hougang Central
Address complement	#17-542
Postcode	530832
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Sonia Thio
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 13 Oct 2021 at about 1105hrs, after picking up my granddaughter from the kindergarten. I was waiting for the vehicle (B: SCG5007B) to move off first. After clearance, I slowly moved and stopped behind vehicle B. Suddenly, I saw vehicle B start to reverse and I quickly sounded my horn but to no avail. The said vehicle had reversed and hit the front right portion of my vehicle.

No one was injured.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCG5007B
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla

Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	Benedict Heng Zheng Yi
Contact Number	(Phone) +65-96372834
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	rear right
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

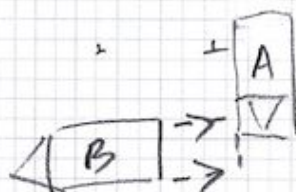


Policyholder's Signature / Date & Time 13/10/2021 1345h

Sketch Plan

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

Witnessed by Reporting Centre Personnel Cum Wes Shan



15
Flower Road
Catholic
Kindergarten

Vehicle A: SJX 8693C

Vehicle B: SCG 5007B

Describe Circumstances of the Accident

Refer to Gross Statement

Note: Please note that your insurer may have 14 days' time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Please state: () Claim Own Damaged () Claim Third Party () Claim OD/TP at other workshop () Reporting Only

Declaration

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



Policyholder's Signature / Date & Time

13/10/2016 13:45h

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

Witnessed by Reporting Centre Personnel



Lam Wei Shon















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: ST0J21AD0001 Vehicle Registration No: SJX8693 C
 Name (as shown in NRIC): Lee Hock Chuan NRIC/FIN/Passport No: S XXXX 507 Z
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Block 832 Housen Central #17-542 Singapore (530 832)
 Contact (Tel): - Mobile No.: 9760 8138
 Email Address: lee.peterhc@gmail.com
 Date of Accident: 13/10/2021 Time of Accident: 1105hr
 Place of Accident: 15 Flower Road Catholic Kindergarten
 Insurance Company: Indra International Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

The Circumstance of accident date should be 13/10/2021
Instead of 12/10/2021

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Lim Wai Shy
 NRIC/FIN No.: 37011
 Date: 13/10/2021