

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	17/11/2021 13:06 (SGT)
Date of Accident	16/11/2021 12:49 (SGT)
Exact Location of Accident	Canberra Way, Singapore 752106
Additional Location Information	SLIP ROAD OF CANBERRA WAY TOWARDS CANBERRA LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA8145S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GC CARS LEASING PTE LTD
Company Reg No	2XXXXX202D
Email Address	lydiaang@gcgroup.com.sg
Mobile Phone No	(Phone) +65-97422693
Alternative Phone No	+65-97422693

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1317

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5114800104-01-000094
Cover Note Number	-

DRIVER

Name of Driver	WU YIXIAN
NRIC No	SXXXX438G

Date Of Birth	03/04/1989
Occupation	Outdoor
Date Of Driving Pass	10/11/2017
Driving experience	4 YEARS
Gender	Female
Mobile Number	(Phone) +65-98795589
Alt. Phone Number	-
Email Address	YIXIAN0304@GMAIL.COM
Address	BLK. 476 SEMBAWANG DRIVE
Address complement	#10-313
Postcode	750476
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 - 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

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 16 NOV 2021, AT AROUND 12.49PM, I STOPPED TO CHECK THE TRAFFIC FROM MY RIGHT SIDE AND GAVE WAY TO THE INCOMING TRAFFIC FROM THE MAIN ROAD AT ALONG THE SLIP ROAD OF CANBERRA WAY TOWARDS CANBERRA LINK. SUDDENLY, I FELT AN IMPACT FROM MY REAR OF VEHICLE. I THEN REALISED THE VEHICLE SJW7931C HAD HIT ONTO THE REAR PORTION OF MY VEHICLE.

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	SJW7931C
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DAVID
Contact Number	(Phone) +65-98468786
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

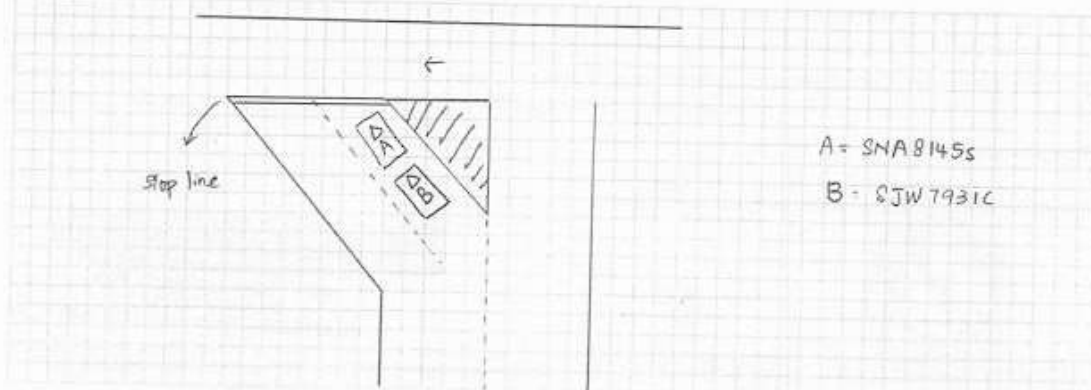
SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' 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 & Time

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


 進成汽車服務私人有限公司
 CYS Automobile Services Pte Ltd
 38 Woodlands Industrial Park East 1
 #07-17 Admiralty Industrial Park
 Singapore 757700
 Tel: 6219 2036 (Lines) Fax: 6219 2096
 Witnessed by Reporting Centre Personnel
Sketch Plan

A = SNA8145s

B = 8JW7931C

Describe Circumstances of the Accident

On 16 Nov 2021, at around 12:49 pm, I stopped to check the traffic from my right side and gave way to the incoming traffic from the main road at along the slip road of Canberra Way towards Canberra Link. Suddenly, I felt an impact from my rear of vehicle. I then realised the vehicle SJW793LC had hit onto the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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



進友成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East 1
#07-17 Admiralty Industrial Park
Singapore 757700
Tel: 6219 2738 (3 lines) Fax: 6219 2096

Witnessed by Reporting Centre
Personnel