

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 15:15 (SGT)
Date of Accident	16/11/2021 10:40 (SGT)
Exact Location of Accident	Henderson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6974G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TTH LEASING
Company Reg No	53378566M
Email Address	tionghoe81@hotmail.com
Mobile Phone No	(Phone) +65-96333632
Alternative Phone No	+65-96333632

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5099635145-03
Cover Note Number	-

DRIVER

Name of Driver	TAY TIONG HOE
NRIC No	S8139493H

Date Of Birth	05/12/1981
Occupation	Indoor
Date Of Driving Pass	03/01/2008
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96333632
Alt. Phone Number	-
Email Address	tionghoe81@hotmail.com
Address	BLK 37 BEDOK SOUTH AVE 2 #06-457
Address complement	-
Postcode	460037
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	BUSINESS OWNER
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
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 16/11/2021 AT ABOUT 10.40AM, ALONG HENDERSON ROAD TOWARDS ALEXANDRA ROAD. I WAS TRAVELLING ON THE EXTREME RIGHT LANE OF THE ABOVE MENTIONED ROAD AFTER THE JUNCTION OF TELOK BLANGAH HEIGHTS. SUDDENLY, VEHICLE B MAKING AN U-TURN FROM THE OPPOSITE DIRECTION FAILED TO SEE MY VEHICLE A AND JUST PROCEED OUT AND HIT ONTO THE RIGHT REAR PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I HAVE 2 OTHER PASSENGERS IN MY VEHICLE WHOM AER GOJEK PASSENGER BUT I DO NOT HAVE THEIR NAMES.

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	GBF923G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAY TIONG HOE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLX6974G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. By the submission of the report to the insurers, you/you/they consent to the archiving of the report at the centre and to copies of the report being made available aforesaid.
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 be 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 insurers who have insured vehicles involved in this accident (all insurers who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"), the Insurers, my/our/your/their, the Ministry of Transport, the Ministry of Home Affairs, government agencies/authorities (such as the police), for the purposes of:
(i) processing, handling and/or dealing with my claim 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 the claims, including the handling of correspondence, interviews, reviews, reports or motions to me, which could involve disclosure of certain personal data about me (including accident details) to the police as well as on the expertise panel of experts (such as doctors) and/or
(v) anything which is appropriate for administering, processing, handling and/or dealing with my claim (collectively the "Purposes").
(b) All Insurers (a) who have insured vehicles involved in this accident and the Insurers (as defined above) may be 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 also be disclosed by any of the Insurers (as defined above) to their third party service providers or agents, including their law firms/law firms, which may be based outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date's
Time

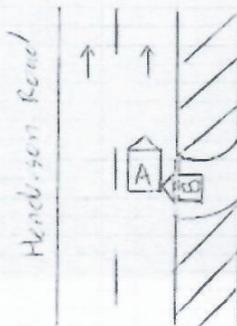
Sketch Plan

11/11/21

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

Time

Witnessed by Reporting Person
Person's name



(A) - SLX6974G
(B) - GBE423G

ADVANCE
AUTO

Describe Circumstances of the Accident

On the 16/10/2021 @ about 10:40am, along Henderson Road towards Alexander Road I was travelling on the extreme right lane of the above mentioned road after the junction of Telet Blagout Heights. Suddenly, a Vehicle (B) making a U-turn from the opposite direction failed to see my Vehicle (A), and just proceeded out and hit into the right rear portion of my Vehicle (A) causing damages to my Vehicle. I have 2 other passengers in my Vehicle, who are Gejek passengers, but I do not have their names.



Declaration

(We declare the following particulars are true and correct)



Police Officer's signature, name & title

Driver's signature, full name and the date, name & title

Witnessed by, Reporting Party Personnel