

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 29/11/2021 10:50 (SGT)
Date of Accident 26/11/2021 17:49 (SGT)
Exact Location of Accident Braddell Rd, Singapore
Additional Location Information TOWARDS CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR3393J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HEAH LI KOON
NRIC No SXXXX078H
Email Address DENNISTW2021@GMAIL.COM
Mobile Phone No (Phone) +65-97683161
Alternative Phone No (Home) +65-97490860

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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 1591

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5102203971
Cover Note Number -

DRIVER

Name of Driver TONG TZE WEI DENNIS
NRIC No SXXXX938B

Date Of Birth	30/09/1972
Occupation	Indoor
Date Of Driving Pass	23/07/1992
Driving experience	29 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97490860
Alt. Phone Number	-
Email Address	DENNISTW2021@GMAIL.COM
Address	21 PASIR RIS LINK #08-01
Address complement	-
Postcode	518168
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	YEO LYE SENG
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

AS PER STATEMENT.

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	SLX6006B
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LIM WEI JIE
Contact Number	(Phone) +65-92735931
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' 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


Driver's Signature (if driver is not the policyholder) / Date & Time
27/11/2021 1030hrs


Witnessed by Reporting Centre Personnel

Sketch Plan


— As attached —


Describe Circumstances of the Accident

— AS attached —

Declaration

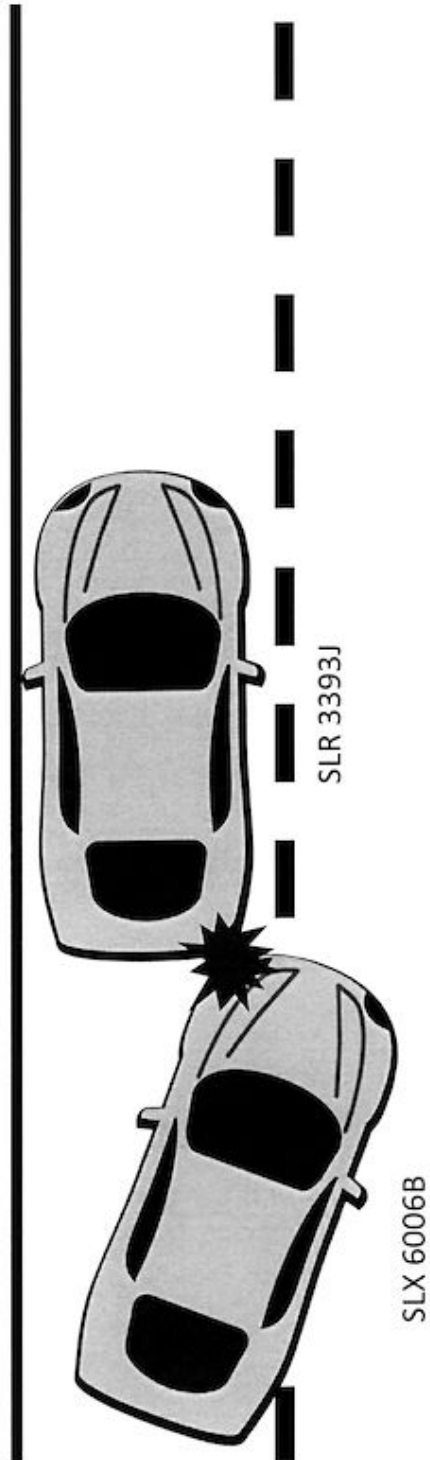
We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 27/11/2021


Driver's Signature (If driver is not the policyholder) / Date
& Time 27/11/2021 1030hrs


Witnessed by Reporting Centre
Personnel

Date of Accident 26/11/2021
Time of Accident: 17:49hrs



Braddell Road Near Toa Payoh Lor 6 Flyover



Description of Accident:

While travelling along Braddell Road on 26/11/2021 at time 1749hrs towards CTE (See time, location and video as attached). The accident location was near to and before Toa Payoh Lorong 6 flyover. While after switching lane so as to turn left into Bishan Street 11. My Vehicle SLR 3393J was rear hit on the right by Vehicle SLX 6006B when he was doing a overtake maneuver to the right. I was only able to catch up with him and stop over at the bus stop after the flyover.

Driver of SLR 3393J

Name: Tong Tze Wei Dennis

NRIC: S72399388

Address of Residence: 21 Pasir Ris Link #08-01 S(518168)

Contact Number: 97490860

Vehicle Type: Kia Cerato K3

Driver of SLX6006B

Name: Lim Wei Jie

NRIC S9405861J

Address of Residence: Blk 546 Serangoon North Ave 3 #11-228 S(550546)

Contact Number: 92735931

Vehicle Type: Honda Civic I-VTEC







