

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 19:39 (SGT)
Date of Accident 29/11/2021 12:04 (SGT)
Exact Location of Accident Mohamed Sultan Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB5052R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE CINN SONG
NRIC No SXXXX842D
Email Address SHAWN13888@YAHOO.COM
Mobile Phone No (Phone) +65-96369886
Alternative Phone No +65-96369886

VEHICLE PARTICULARS

Manufacturer Toyota
Model YARIS CROSS HYBRID EXCITE (AT) (2WD)
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 1490

INSURANCE COMPANY

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

DRIVER

Name of Driver LEE CINN SONG
NRIC No SXXXX842D

Date Of Birth	10/04/1970
Occupation	Outdoor
Date Of Driving Pass	22/05/1990
Driving experience	31 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96369886
Alt. Phone Number	+65-96369886
Email Address	SHAWN13888@YAHOO.COM
Address	BLK 446 CHOA CHUA KANG AVENUE 4
Address complement	05-289
Postcode	680446
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 - Opening Door of Vehicle
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

-

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	SKW2934R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR SAM
Contact Number	(Phone) +65-88709292
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.

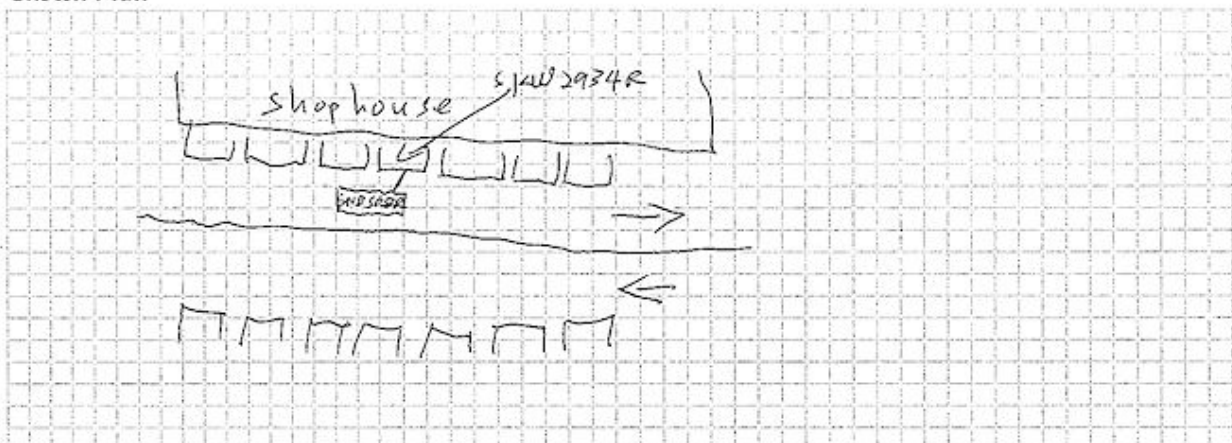
Shankh 29/11/21
13:48

Policyholder's Signature / Date & Time

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

APh

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

LICENSE PLATE: SN8 SD52R
 CONTACT NUMBER: 96369886
 LOCATION: ~~WOLD~~ ^{Mohamed} SULTAN ROAD

ACCIDENT DATE & TIME: 29/11/21 12:04
 E-MAIL ADDRESS: shawn13888@yahoo.com

On 29th November 2021 at 12:04pm while travelling along Mohamed Sultan Road, it was a single lane and beside are parking lots. While vehicle was moving, the car SKW2934R which was in the parking lot open the door suddenly and my vehicle left side hit onto the door.

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 Policy () Claim Third Party () Claim OD/TP at other workshop () Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

Shade 29/11/21
13:48

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre Personnel













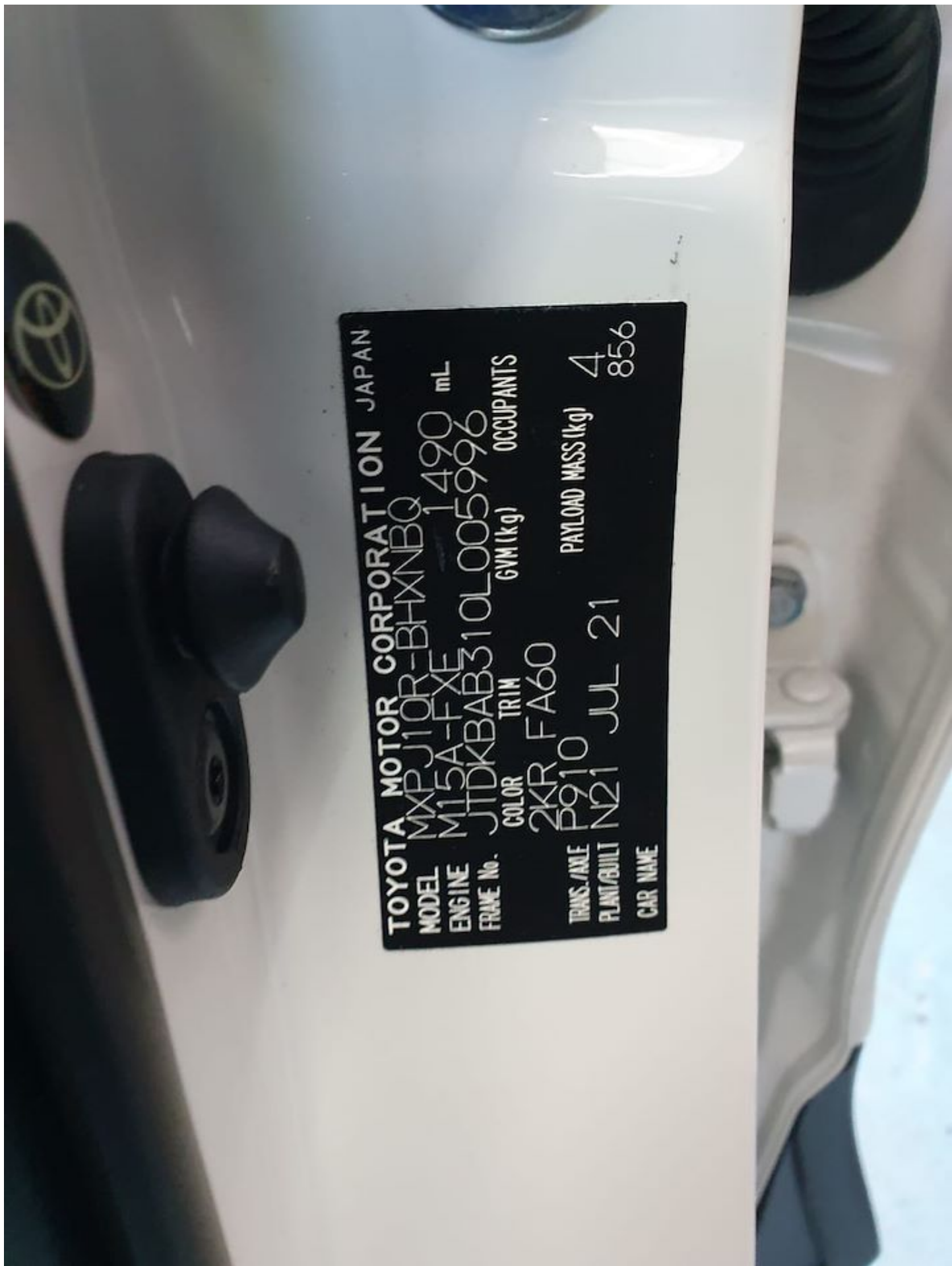












TOYOTA MOTOR CORPORATION JAPAN	
MODEL	XPJ10R-BHXNBQ
ENGINE	M15A-FXE 1490 mL
FRAME No.	JTDKBAB310L005996
COLOR	TRIM
2KR	FA60
P910	
TRANS./AXLE	
PLANT/BUILT	N21 JUL 21
CAR NAME	
	GVM (kg) OCCUPANTS
	PAYLOAD MASS (kg)
	4 856













