



方商昭噴漆
POON SIANG SEOW

Sin Ming Autocity, No 160 Sin Ming Drive, #05-13, Singapore 575722
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No: 05396600K

Our ref.: SKR 4871B

Date: 7/12/2021

Time: 9AM
AIG

FAX: 68357416

Attn.; Motor Claims Department

Dear Sirs

ACCIDENT ON 06/12/2021 INVOLVING SKR4871B AND GBL3335C
ALONG HOUGANG AVE 3 X UPPER SERANGOON ROAD

We are instructed by TANG CHEE HOE, the owner
of SKR 4871B

You are the insurers of motor car no. GBL3335C

We are instructed to give you 48 hours Notice for the per- repair inspection under NIMA Protocol of the damage to our clients' car before any repairs are carried out

Our client's car may be inspected at POON SIANG SEOW SIN MING AUTOCITY
N0. 160, SIN MING DRIVE, #05-13, SINGAPORE 575722
Tel; 64537511, Fax 64538046

Your faithfully

ALBERT POON

Send/Fax to:

Submitted:

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION

Date of Accident:	06/12/2021	Time of Accident:	3:25pm
Exact Location:	Hougang Ave 3 X Upper Serangoon Road		

DETAILS OF OWN VEHICLE

Vehicle Registration No.	SKR 4871B		
Name of Registered Owner:	TAN K CHEE HOE		
NRIC / FIN / Passport no:	S17031921		
Vehicle Make:	MAZDA	Vehicle Model:	MAZDA5
Type of Claim:	Own Damage / (Third Party) Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle (Private Hire)		
Name of Insurance Co:	UTUL		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	5095146149-03		

DRIVER

Name of Driver:	TAN K CHEE HOE			<input type="checkbox"/> same as owner
NRIC / FIN / Passport no:	S17031921	Date of Birth:	4/1/65	
Occupation:	Indoor / Outdoor	Driving Pass Date:		
Contact Number:	91451598	Gender:	Male / Female	
Address:	ARIBK 310A Ave 10 Ave 1 #23-38719561310			
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:			

EMAIL - stang1188@yahoo.com.sg

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:		
Road Surface:	Dry / Wet / Others:		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	2		

DETAILS OF OTHER VEHICLE

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	GBL 3335C		
Vehicle Make / Model:	NISSAN NV200		
Name of Driver:	BEVELY LEE SEE PO		
NRIC / FIN / Passport no:	876313461F		
Contact Number:	96986464		
Name of Insurance Co:	A.I.L		

DETAILS OF WITNESS

Name:	Contact Info:
-------	---------------

DETAILS OF INJURED PERSON

	Person 1	Person 2	Person 3
Name / In which vehicle?:			

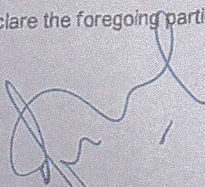
Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Describe Circumstances of the Accident

AS I WAS DRIVING along UPPER SEKONGPOON ROAD toward
HONGKONG AVE 3 JUNCTION, I WAS DRIVING at the Second
Lane toward the junction
Suddenly A vehicle at the outer turning right lane, only
without signal, ~~cut~~ cut into my path into my lane
hit my front door & control door

Declaration

I/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

Witnessed by Reporting Centre
Personnel

SKETCH PLAN

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. The 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.
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

Witnessed by Reporting Centre Personnel

Sketch Plan

Hougang Ave 2

Hougang Ave 3

A SKR 4871B
B GBL 3335C

UPPER
SELAND ROAD
LOAD

