

YEW TEE AUTOMOBILE TECH PTE LTD

ACCIDENT STATEMENT

Date & Time of Accident

~~10/12/21~~ 12:09 PM 10/12/21
Raya 1st car to work Macpherson

Exact Location of Accident

Private Car / Commercial / Private Hire / Others

Vehicle Registration Number

SLW 16872

Name of Registered Owner

Wong Yik Seng

NRIC Number / Co Reg. Number

U 8366394D

Vehicle Make & Model

ATC

Exact Purpose for which vehicle was being used at time of accident

Private Use / Work Use / Private Hire Use

Please state action to be taken for type of insurance claim

Own Damage / Third Party Reporting Only

Vehicle Category

Private Car / Commercial / Private Hire / Others

Insurance Company

Name of Insurance Company

NTUC

Policy Number

5099336889-02

Name of Driver

Wong Yik Seng

NRIC Number

SR366394D

Date of Birth

10-3-1983

Date of Driving Pass

8 NOV 2010

Contact Number

98796255

Address

email:

dammywys@gmail.com

Relationship of the Driver with the Insured

General Information of the Accident

Weather Conditions

Clear / Raining / Others

Road Surface

Wet / Dry / Others

Other Information

Was anybody injured in the Accident?

Yes / No

Was any other vehicle or property damage?

Yes / No

Number of Passengers (Incl Driver)

2

Name & Gender male

Was the Accident reported to the Police?

Name & Gender male

Was there any video captured?

Yes / No

Details of Other Vehicle(s) / Properties

Vehicle Registration Number

SHD 585M

Name of Driver

LAU JOO SOON

NRIC Number

SC065632Z

Contact Number

91452808

Address

Vehicle Category

Private Car / Commercial / Private Hire / Others

Details of Witness

Name & Contact Number

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 willful 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: 3:44 PM

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

Witnessed by Reporting Centre Personnel

Sketch Plan



page refer to machine

Ⓐ CLW 16872

Ⓑ SHD 585 M

Describe the circumstances of the Accident.

On 10/12/21 around 12:09 PM I was on the way to Paya Lebar Square, while I station at the traffic light located at Paya Lebar road, I was banged by a Transcab taxi from rear.

Declaration

I/We declare the foregoing particulars are true in every respect.

 10/12/21

Policyholder's Signature / Date &
Time 3:44PM



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

Witnessed by Reporting Officer
(Personal)