

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 13/12/2021 15:54 (SGT)
Date of Accident 11/12/2021 15:00 (SGT)
Exact Location of Accident Tuas Ave 10, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF8498P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHEN YI RENOVATION & CONSTRUCTION
Company Reg No 5XXXX008C
Email Address CHENYIRENOVATION@YAHOO.COM
Mobile Phone No (Phone) +65-90088398
Alternative Phone No (Home) +65-90088398

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Goods vehicle
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5098761619
Cover Note Number -

DRIVER

Name of Driver CHIN KAM KUEN
NRIC No SXXXX324G

Date Of Birth	21/02/1974
Occupation	Outdoor
Date Of Driving Pass	27/03/1996
Driving experience	25 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90088398
Alt. Phone Number	-
Email Address	CHENYIRENOVATION@YAHOO.COM
Address	529 BEDOK RESERVOIR ROAD #02-102
Address complement	-
Postcode	479281
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

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

MY CAR WAS STATIONERY AND I WAS INSIDE THE CAR WAITING FOR MY WORKER WHOM GO TO PACK FOOD FROM THE COFFEE SHOP. VEHICLE B REVERSED INTO MY VEHICLE FRONT WITHOUT CHECKING HIS BLINDSPOT. I HORN AT HIM, BUT HE STILL CONTINUE REVERSING. THUS DAMAGE MY VEHICLE FRONT PORTION AND BROKE THE LEFT WING MIRROR HOLDER.

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	GBK3141A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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

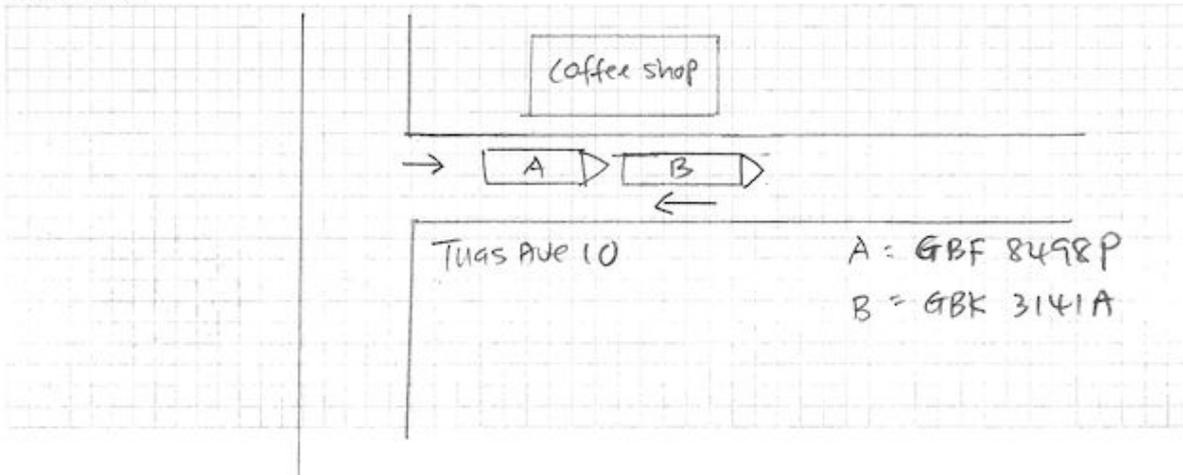
Driver's Signature (if driver is not the policyholder) / Date & Time

13/12/21

Witnessed by Reporting Centre Personnel



Sketch Plan



Describe Circumstances of the Accident

My car was stationary and I was inside the car waiting for my worker when go to pick food from the coffeshop. Vehicle 'B' reversed into my vehicle front without checking his blind spot. I horn at him but he still continue reversing. Thus damage my vehicle front portian and broke the left wing mirror holder.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

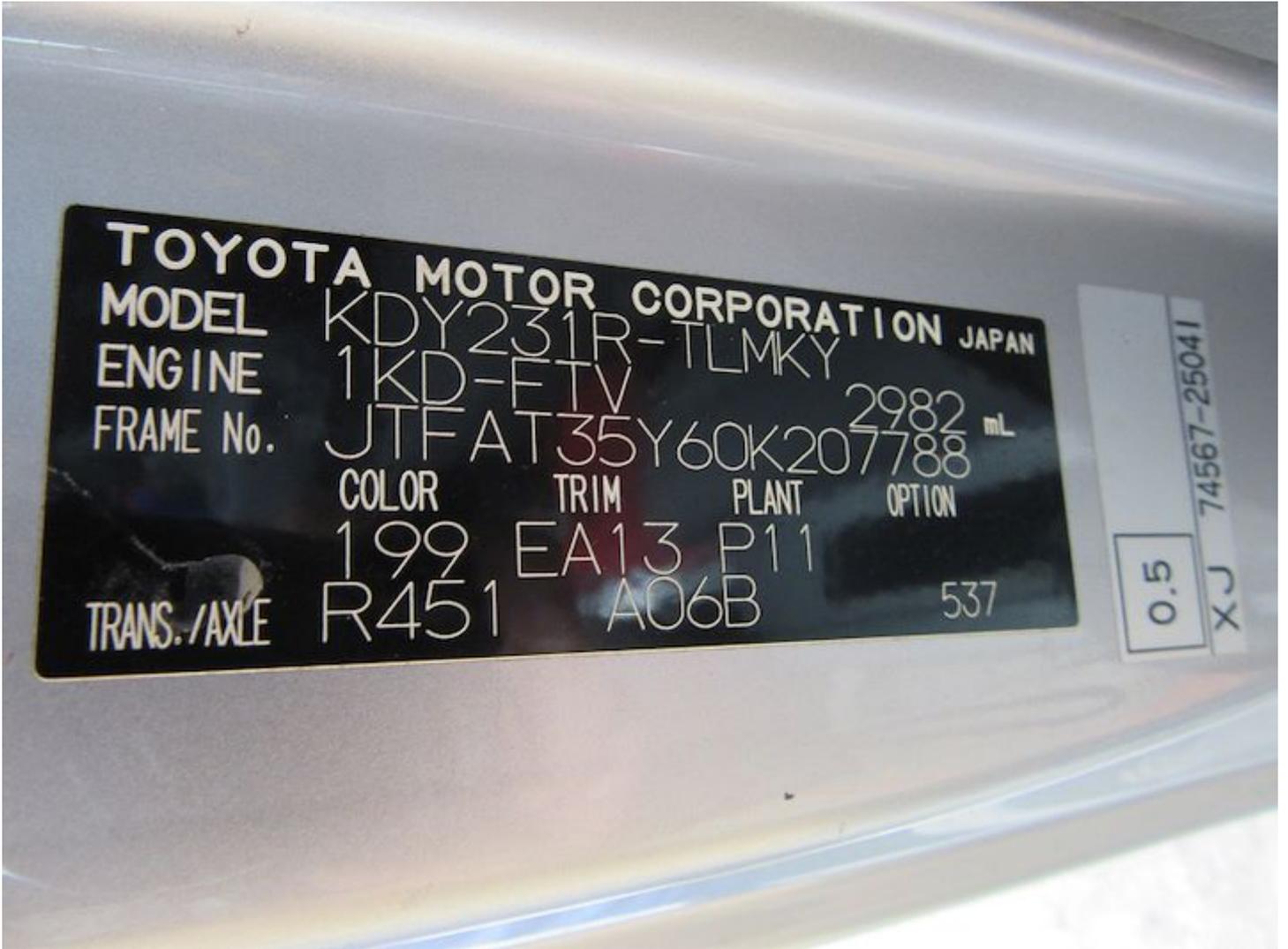
13/12/21



Witnessed by Reporting Centre Personnel









**CHEN YI RENOVATION
& CONSTRUCTION
529 BEDOK RESERVOIR ROAD
#02-102 ARCHIPELAGO (S) 479281
COMPANY NO : 53180008C
PAX : 2**

















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0G21CD0002 Vehicle Registration No: GBF 8498P
 Name (as shown in NRIC): Chin Kam Kuen NRIC/FIN/Passport No: S7484324G
 (*Vehicle Driver/Vehicle Owner) (* Please delete as appropriate)
 Address: 529 Bedok Reservoir Rd #02-102 Singapore (479281)
 Contact (Tel): _____ Mobile No.: 9008 8398
 Email Address: chenyirenovation@yahoo.com
 Date of Accident: 11/12/201 Time of Accident: 15:00
 Place of Accident: Tuas Ave 10
 Insurance Company: NTUC

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Due to typing error, the email address should be:
chenyirenovation@yahoo.com

[Signature]
 Policyholder / Driver's Signature
 Date:

[Stamp: MODERN AUTOMOTIVE PTD, GS No. 2005411094]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: 13/12/21
 Date: