SY0921CI0008 / YEW TEE AUTOMOBILE TECH PTE LTD [737856] ENTRY DATE & TIME: 18/12/2021 14:06 (SGT) SUBMITTED BY: TOH TZE CHANG VERSION: 1 (18/12/2021 14:06 (SGT))



# 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 witholding 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**

18/12/2021 14:06 (SGT) Date of Submission 17/12/2021 11:10 (SGT) Date of Accident **Exact Location of Accident** Singapore KPE TWDS MCE (AT ENTRANCE OF TUNNEL) Additional Location Information

Country/State of Loss

### **DETAILS OF OWN VEHICLE**

Private use

Private car

Auto

No - Claiming third party

SLX8631H Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? JACOB GENERAL CONTRACTORS PTE LTD Name Of Registered Owner 199102807M Company Reg No **Email Address** BUMBLEBBB8888@GMAIL.COM Mobile Phone No (Phone) +65-67412411 Alternative Phone No (Home) +65-67412411

VEHICLE PARTICULARS

Toyota Manufacturer Corolla Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy No 5121782291 Policy Number Cover Note Number

DRIVER

LIM MENG HUI MARCUS (LIN MINGHUI) Name of Driver S8834785D NRIC No



Date Of Birth 22/09/1988 Occupation Outdoor Date Of Driving Pass 15/08/2017 Driving experience 4 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96932959 Alt. Phone Number **Email Address** BUMBLEBBB8888@GMAIL.COM Address BLK 286 TAMPINES ST 22 #05-179 Address complement Postcode 520286 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 Chain Collision Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 4 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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

### REFER TO ATTACHED

### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

SKK767H

Private Category

Private caregory

Address

Address complement

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

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR9875X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

# DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKB176K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	_

# INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LIM MENG HUI MARCUS (LIN MINGHUI)
Gender	Male
Phone No	
Address	
Address Complement	#
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SLX8631H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 hourers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

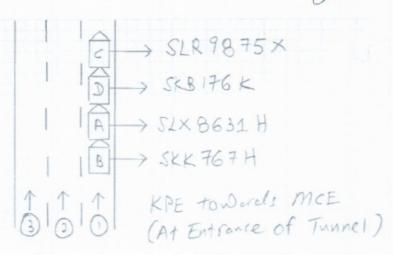


Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



escribe Circumstances of the Accident	
	/
	/
Refer to attached	
Declaration	
We declare the foregoing particulars are true in every respect.	

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

Witnessed by Reporting Centre Personnel On 17.12.2021 at about 11:10 hours along KPE towards MCE (At Entrance of Tunnel), I was travelling straight on lane 1 at the above mentioned location and when the front vehicle (D) slowed down and stopped, hence I followed suit.

Suddenly, I heard a loud bang from behind and the great impact forced my vehicle (A) to move forward and collided onto the rear portion of vehicle (D). When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A), thus causing damages on the front and rear portion of my vehicle (A).

It was a chain collision of total of 4 vehicles involved.

Vehicle (A): SLX 8631H

Vehicle (B): SKK 767H

Vehicle (C): SLR 9875X

Vehicle (D): SKB 176K

Mary

