

YEW TEE AUTOMOBILE TECH PTE LTD
ACCIDENT STATEMENT

Accident Details

Action to be taken for type of insurance claim Own Damage / Third Party / Reporting Only
 Date & Time of Accident 17.12.2021 19:55
 Exact Location of Accident Junction Steven Rd & Balmoral Rd.
 Weather Conditions Clear / Raining / Others
 Road Surface Wet / Dry / Others
 Was the Accident reported to the Police? Yes / No

Own Vehicle

Vehicle Registration Number SE SJN2131C
 Vehicle Category Private Car / Commercial / Private Hire / Others
 Vehicle Make & Model _____ CC: _____ Trans: Auto / Manual
 Exact Purpose for which vehicle was being used at time of accident Private Use / Employment / Private Hire
 Number of Passengers (Incl Driver) 2 Name & Gender FX1
 Name & Gender _____

Own Vehicle Policy

Name of Insurance Company NTUC
 Policy Number S107758515-02 (Comprehensive)
 Name of Registered Owner Lai Hoe Kit (Li Haqie)
 NRIC Number / Co Reg. Number S7321566H TEL: 9387 1014
 Email of Registered Owner as below

Driver Information

Name of Driver Lai Hoe Kit (Li Haqie)
 NRIC Number S7321566H
 Date of Birth 27-06-1973 Date of Driving Pass: 25.11.1997
 Contact Number 9387 1014
 Address Blk 274B Jurong West St 25 #12-99 S(642274)
#MAVIN LAI@gmail.com
 Email of Driver _____
 Relationship of the Driver with the Insured Owner Occupation: Indoor / Outdoor

TP Vehicle or Property

Was any other vehicle or property damaged? Yes / No
 Vehicle Registration Number CMK 2002 U
 Vehicle Category Private Car / Commercial / Private Hire / Others
 Name of Driver _____
 NRIC Number _____
 Contact Number _____
 Address _____

Other Information

Was anybody injured in the Accident? Yes / No Injured conveyed by ambulance: Yes / No
 Injured Person 1 _____ Which vehicle: _____
 Injured Person 2 _____ Which vehicle: _____
 Was there any video captured? Yes with owner (NO)

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 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

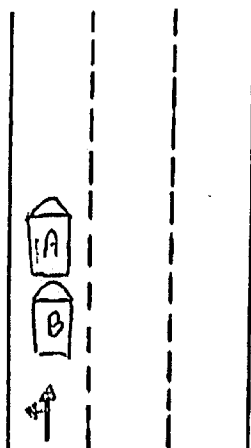
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

Sketch Plan

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

Witnessed by Reporting Centre
Personnel



Veh A: SJH 213K
Veh B: 9MK 2002U

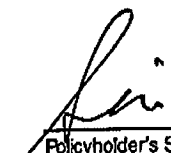
Describe Circumstances of the Accident

~~Vehicle~~ was waiting at the traffic junction along Stevens Road
(just outside Novotel Singapore on Stevens) as it was red
light.

The traffic light just turned green, while waiting for the cars
before mine to move off, the car SMK 2002U hit my car
from behind. My car is stationary at time of accident. The
time is 19:55 hrs.

Declaration

We declare the foregoing particulars are true in every respect.

 18/12/21
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel