

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	10/01/2022 11:24 (SGT)
Date of Accident	09/01/2022 14:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PETIR ROAD OUTSIDE MAYSPRINGS CONDO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2938L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	POR HOW SHENG EDWIN
NRIC No	S7120759E
Email Address	EDWINPOR@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-88284319
Alternative Phone No	+65-88284319

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezele
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117956541-01
Cover Note Number	28/06/2021 - 27/06/2022

DRIVER

Name of Driver	POR HOW SHENG EDWIN
NRIC No	S7120759E

Date Of Birth	28/06/1971
Occupation	Indoor
Date Of Driving Pass	19/09/1991
Driving experience	30 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88284319
Alt. Phone Number	+65-88284319
Email Address	EDWINPOR@YAHOO.COM.SG
Address	BLK 308B ANCHORVALE ROAD #10-76
Address complement	-
Postcode	542308
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH VEHICLE OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ2770P
Vehicle Manufacturer	Lexus
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOEL KOH
Contact Number	(Phone) +65-91903210
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT RIGHT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

NHTC Income Motor Service Centre

9122

Vehicle No

SMC2938L

Report Date

10/1/2022

Start Time 11:07 AM

Report No. MI

DDA

Make/Model

HIVEZEI

Reporting Type

7P

End Time

IMPORTANT NOTICE

SKETCH PLAN

- 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
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonable required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, law or court orders.

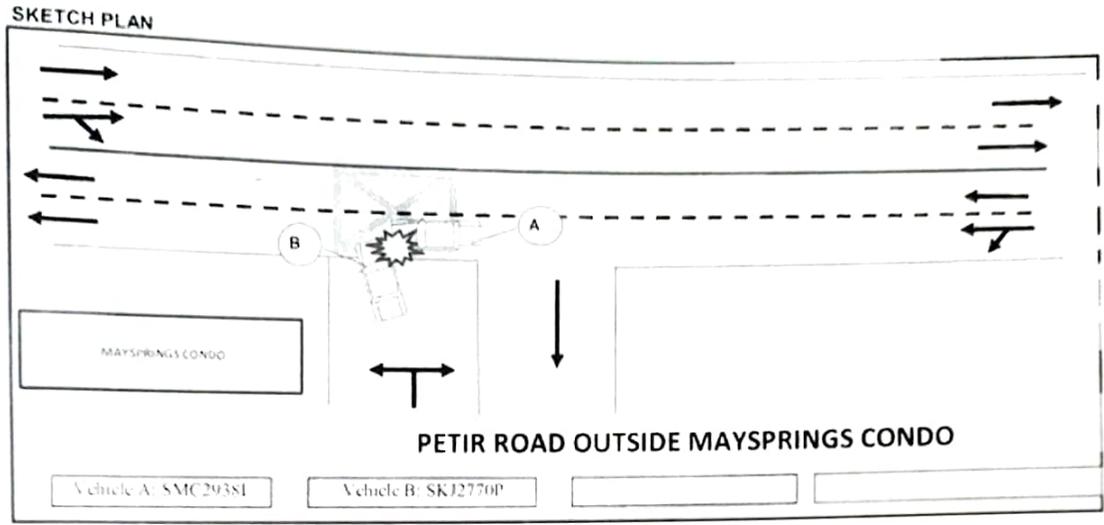
10/1/2022 11:07

Policyholder's Signature
Date & Time

10/1/2022 11:07

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

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765



I WAS DRIVING ON THE LEFTMOST LANE OF PETIR ROAD OUTSIDE MAYSPRINGS CONDO. TRAFFIC IS CLEAR AND LIGHT. SUDDENLY, VEHICLE B DROVE OUT FROM THE SAID CONDO AND FAIL TO GIVE WAY TO MY ONCOMING VEHICLE. I E-BRAKED BUT STILL VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION. NO ONE WAS INJURED.

DECLARATION

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


 10/1/2022 11:07
 Policyholder's Signature
 Date & Time:

10/1/2022 11:07
 Driver's Signature (if driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature
 Name: Chen JunLiang
 NRIC/ Fin No: S990765