

## 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	11/01/2022 09:57 (SGT)
Date of Accident	11/01/2022 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF TANAH MERAH COAST ROAD / TANAH MERAH FERRY ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2999Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EWE EE FOONG
NRIC No	S2534316F
Email Address	EEFOONG.EWE1@GMAIL.COM
Mobile Phone No	(Phone) +65-92320566
Alternative Phone No	+65-92320566

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	190e
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 car
Transmission	Auto
CC	2300

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5092425909-03
Cover Note Number	01/04/2021 - 31/03/2022

#### DRIVER

Name of Driver	RUSSELL EWE YUHANG
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NRIC No	S9541296C
Date Of Birth	11/11/1995
Occupation	Indoor
Date Of Driving Pass	22/06/2017
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82004589
Alt. Phone Number	-
Email Address	RUSSELL.EWE@GMAIL.COM
Address	BLK 17 FLORA ROAD #07-07
Address complement	-
Postcode	509735
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SMY3521H
Insurance Company of Other Vehicle Owned by Driver	Great Eastern General Insurance Limited

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1180X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	THANGAVEL SUBRAMANIAN
Work Permit No	G7637218M
Contact Number	(Phone) +65-90839350

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

# SKETCH PLAN

NHIC Income Motor Service Centre

Report No. MI

DOA

Vehicle No

Make Model

Report Date 11/1/2022 Start Time 9:49 AM

Reporting Type TP End Time

## SKETCH PLAN

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### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

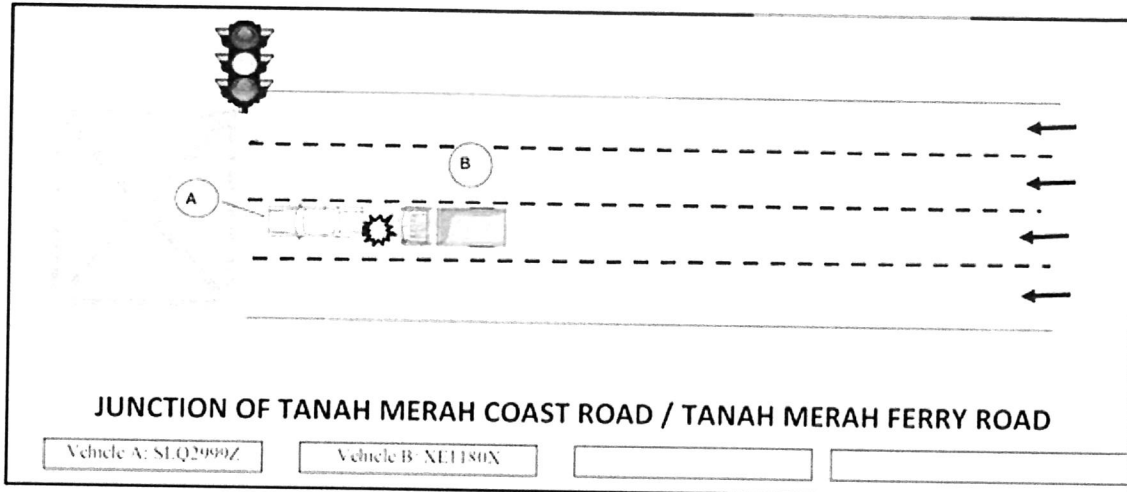
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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

Policyholder's Signature  
Date & Time

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

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

SKETCH PLAN



MY VEHICLE WAS GOING STRAIGHT ON THE THIRD LANE OF TANAH MERAH COAST ROAD. UPON REACHING THE JUNCTION OF TANAH MERAH COAST ROAD - TANAH MERAH FERRY ROAD, THE TRAFFIC LIGHT TURN AMBER. I SLOWED DOWN. BEFORE I COULD COME TO A COMPLETE STOP, I SAW FROM MY REAR VIEW MIRROR THAT VEHICLE B WAS NOT SLOWING DOWN AND HIT ONTO MY VEHICLE REAR PORTION. DUE TO THE IMPACT, MY VEHICLE WAS PUSHED FURTHER AHEAD ONTO THE LEFTMOST LANE. VEHICLE B THEN STOPPED FURTHER AHEAD AFTER THE YELLOW BOX JUNCTION. BOTH DRIVERS THEN ALIGHTED TO ASSESS THE DAMAGE, TOOK SOME PHOTOS AND WE LEFT AFTERWHICH. NO ONE WAS INJURED.

DECLARATION

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

11/1/2022 9:48

Policyholder's Signature  
Date & Time:

11/1/2022 9:48

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

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