

## 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	24/01/2022 11:54 (SGT)
Date of Accident	22/01/2022 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TELOK BLANGAH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7140C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TG LIMO
Company Reg No	53381232A
Email Address	TANCHOONYONG927@GMAIL.COM
Mobile Phone No	(Phone) +65-90884888
Alternative Phone No	+65-90884888

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	HIGH ROOF COMMUTER
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	Commercial vehicle
Transmission	Auto
CC	3000

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5101712542-03
Cover Note Number	10/07/2021 - 09/07/2022

### DRIVER

Name of Driver	TAN CHOON YONG
NRIC No	S7200323C

Date Of Birth	02/01/1972
Occupation	Outdoor
Date Of Driving Pass	11/05/1992
Driving experience	29 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90884888
Alt. Phone Number	-
Email Address	TANCHOONYONG927@GMAIL.COM
Address	BLK 134 EDGEDALE PLAINS #03-66
Address complement	-
Postcode	820134
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	Side Swipe
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	SML3891H
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GERALD LOH HONG LEE
NRIC No	S9610546J
Contact Number	(Phone) +65-91696109
Address	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	RIGHT PORTION
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

# SKETCH PLAN

NHTS (Insurance Motor Services Centre)

Report No: MH

D.O.A

Vehicle No:

Make / Model:

Report Date: 24/1/2022

Start Time: 11:46 AM

Reporting Type: 7P

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 be 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 be 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

*[Signature]*

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

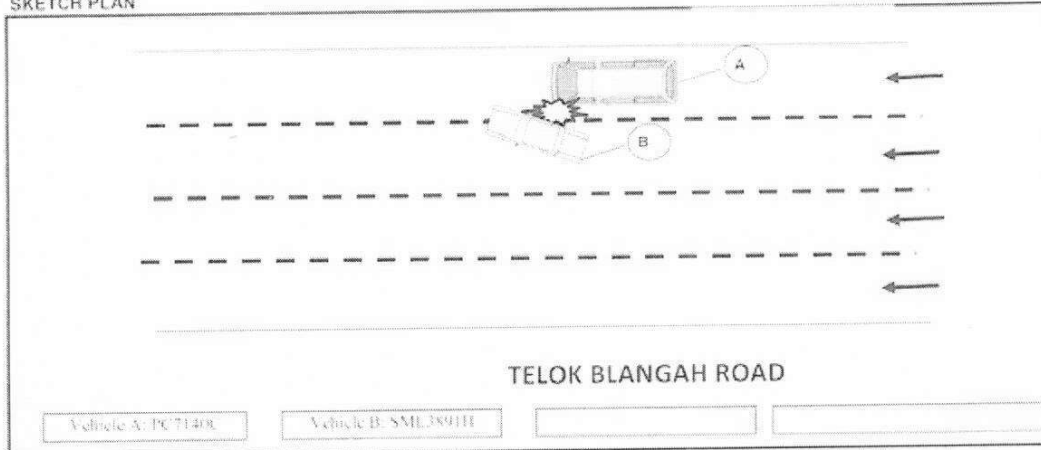
24/1/2022 11:46

*[Signature]*

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

SKETCH PLAN #2

SKETCH PLAN



MY VEHICLE WAS GOING STRAIGHT ON THE RIGHTMOST LANE OF TELOK BLANGAH ROAD. VEHICLE B WAS ON THE SECOND RIGHT LANE. VEHICLE B MADE A LANE CHANGE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION. NO ONE WAS INJURED.

DECLARATION

We declare the foregoing particulars are true in every respect



Policyholder's Signature  
Date & Time:

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

24/1/2022 11:46

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