

SJ08222A0001 / JOO HAK KEE AUTO PTE LTD
 ENTRY DATE & TIME: 10/02/2022 11:56 (SGT)
 SUBMITTED BY: Poh Shi Min
 VERSION: 1 (10/02/2022 11:56 (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 willful 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	10/02/2022 11:56 (SGT)
Date of Accident	09/02/2022 18:15 (SGT)
Exact Location of Accident	Ng Teng Fong General Hosp, Singapore
Additional Location Information	BOON LAY WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS9880A

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PIN WEI FOOD HOLDINGS PTE. LTD.
Company Reg No	2XXXXX909Z
Email Address	YOKOSIGNS@GMAIL.COM
Mobile Phone No	(Phone) +65-67419933
Alternative Phone No	+65-0

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
Variant	HRV 1.5 DX CVT
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113234928-02
Cover Note Number	5113234928-02

DRIVER

Name of Driver	VINCENT CHUA TIANG SENG
NRIC No	SXXXX776H



Date Of Birth	29/03/1960
Occupation	Indoor
Date Of Driving Pass	27/06/1977
Driving experience	44 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98259933
Alt. Phone Number	-
Email Address	YOKOSIGNS@GMAIL.COM
Address	174 TOH TUCK ROAD #04-40
Address complement	-
Postcode	596156
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	YIN DE YAN
Gender	Female

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	GBC5330A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)



SKETCH PLAN

SKETCH PLANIMPORTANT NOTICE

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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 the (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' law yer/s law firm, 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 enquires by me;
(iv) administering my claims including the managing 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 yer/s law firm, 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 yer/s law firm), which may be based outside of Singapore for one or more of the above Purposes.

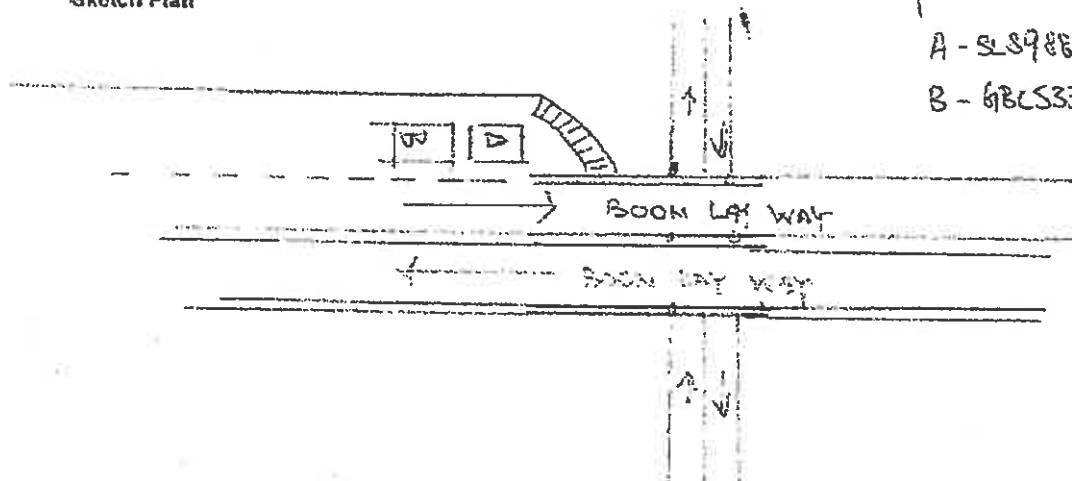
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A - SL89880A
B - 6BLS330A



SKETCH PLAN #2

Describe Circumstances of the Accident

DATE 9/2/2022 Time 18:15 PM AT BOON LAY WING.

I DRIVING MY CAR STOP BEHIND ZEBRA CROSSING
THEN VEHICLE GBC 5330A HIT MY REAR SIDE.

Declaration

I/we declare the foregoing particulars are true in every respect.

Witness's Signature / Date & Time

Witness's Signature / Date & Time

Driver's Signature (If different to the policyholder) / Date & Time

Witnessed by / Reporting Centre Personnel

