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 witholding 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.

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 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 12/02/2022 16:19 (SGT) Date of Accident 11/02/2022 18:10 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information TPE BEFORE ELIAS ROAD EXIT 4 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGT3107T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TER BENG TECK NRIC No. S1573765D Email Address andrew ter@live.com Mobile Phone No (Phone) +65-93291313 Alternative Phone No (Home) +65-93291313

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Lancer 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? Yes Vehicle Category Private car Transmission Auto CC 1584

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D21MP0002418 Cover Note Number

DRIVER

Name of Driver NG ZIYI NRIC No. S8510614G Date Of Birth 12/04/1985 Occupation Outdoor Date Of Driving Pass 28/04/2014 Driving experience 7 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96254188 Alt. Phone Number Email Address ngziyi@yahoo.com.sg Address BLK 226C SUMANG LANE #08-242 Address complement Postcode 823226 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Relative Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT DRIVING ALONG LANE 2 IN TPE, FRONT CAR BRAKE, I STEPPED ON THE BRAKE BUT IT SKIDDED RIGHT TOWARDS LANE 1. CAME IN CONTACT WITH A CAR B AND CAR CONTINUE SKIDDING INTO THE RAILING BEFORE IT CAME TO A STOP. IT WAS RAINING. 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

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

VNKNOWN

Red

Private car

TAN MEI LIN PATRICIA

S0081774J

Contact Number	(Phone) +65-96524851
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

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- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyhold	Here 10	ianatu	en I	Date	9
Policyriolo	EL P. O	griatu	e.	Date	0

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TPE Before Elins Road Exit 4

Jan Brate

Jan Brate

A D

Regiones / divider

A- SG73107 T

B- UNKNOWN

Describe	Circumstances	of the	Accident
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Driving along same 2 m PPE. Frost car brake. I stepped on the Brake but it stidded tight towards same, come in contact with a car b and car continue skilleding
on the Brake but it stidded right towards lane,
come in contact with a car b and car continue skillding
it was raining.
it was raining.
,

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

Witnessed by Reporting Centre Personnel



























