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.

- 4. The issue and acceptance of this is form by instrained 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 14/02/2022 17:57 (SGT) Date of Accident 13/02/2022 22:00 (SGT) Exact Location of Accident Bedok S Rd, Singapore Additional Location Information TRAFFIC JUNCTION OF BEDOK SOUTH RD & KEW CRESCENT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

LandRover

Vehicle Registration Number SDD3108K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHAN SIK KEONG** NRIC No. SXXXX327I Email Address ALFRED SK@SINGNET.COM.SG Mobile Phone No (Phone) +65-97521098 Alternative Phone No (Home) +65-65745987

VEHICLE PARTICULARS

Manufacturer

Model Discovery 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 2993

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5116198303 Cover Note Number

DRIVER

Name of Driver **CHAN SIK KEONG** NRIC No. SXXXX327I

Date Of Birth 18/09/1948 Occupation Indoor Date Of Driving Pass 14/08/1971 Driving experience 50 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-97521098 Alt. Phone Number (Home) +65-65745987 Email Address ALFRED_SK@SINGNET.COM.SG Address 30A LENGKONG DUA Address complement Postcode 417707 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 - 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 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 ON 13TH FEB 2022 AT ABOUT 10.00PM. I STOPPED MY CAR SDD3108K AT THE JUNCTION OF BEDOK SOUTH ROAD AND KEW CRESCENT AS THE TRAFFIC LIGHT WAS RED GOING BEDOK SOUTH ROAD. WHILE WAITING AT THIS JUNCTION FOR

TRAFFIC LIGHT TO TURN GREEN, A HONDA VEZEL SLA3169E CRASHED INTO THE REAR OF MY CAR.

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 WITH OWNER Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SI A3169F Vehicle Manufacturer Honda Vehicle Model Vezel Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver JP

Contact Number	(Phone) +65-98576041
Address	-
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

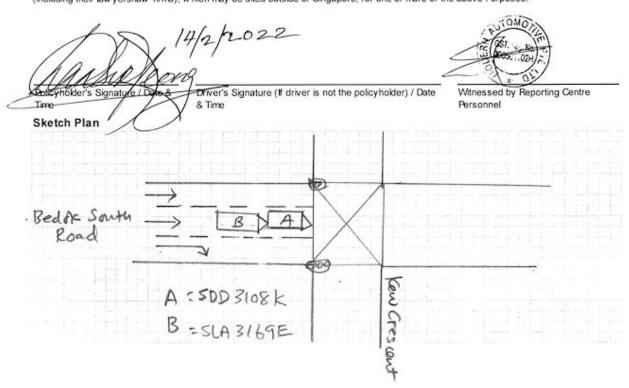
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.



Describe Circumstances of the Accident
On 13th Feb 2022 at about 10.00pm I Stopped
My Car-SPD3108K- at junction of Bedok
Soluth Road and Kew Chascent as the traffic
My car-SpD3108K-at junction of Bedok South Road and Kew Croscent as the traffic light was Red going along Bedok SouthRoad. Dwhile waitling at this junction for
Swhile waitling at this junction for
I + Cottic light to strain a lease of a Handa Vevel
traffic light to Just a reen, Ja Honda Vexel SLA 3109E Crashed into the rear of my
cas.
5
· ·

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



















