

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 10/03/2022 12:19 (SGT)
Date of Accident 10/03/2022 07:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP ROAD TO YIO CHU KANG ROAD FROM BUANGKOK
GREEN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJK6740G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE MENG WAH MATTHEW (LI MINGHUA MATTHEW)
NRIC No S7313954F
Email Address MATTLMW@GMAIL.COM
Mobile Phone No (Phone) +65-97894580
Alternative Phone No +65-97894580

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5113452051-02
Cover Note Number -

DRIVER

Name of Driver LEE MENG WAH MATTHEW (LI MINGHUA MATTHEW)

NRIC No	S7313954F
Date Of Birth	17/04/1973
Occupation	Outdoor
Date Of Driving Pass	29/04/1999
Driving experience	22 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97894580
Alt. Phone Number	+65-97894580
Email Address	MATTLMW@GMAIL.COM
Address	212A COMPASSVALE DRIVE #09-133
Address complement	-
Postcode	541212
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RUPESH
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
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 ATTACHED REPORT

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? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK3820S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN TECK YONG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE MENG WAH MATTHEW
Gender	Male
Phone No	(Phone) +65-97894580
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJK6740G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

[Signature]
10/03/2022 11:45am

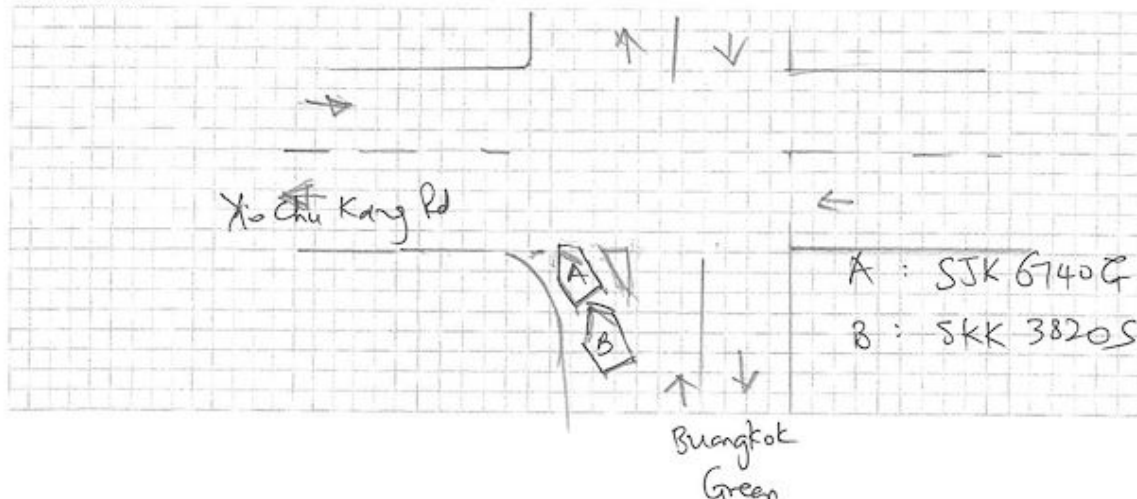
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 10/03/2022 AT ABOUT 0720 HRS, I WAS TRAVELLING ALONG BUANGKOK GREEN TOWARDS YIO CHU KANG ROAD. THE WEATHER WAS FINE AND THE ROADS WERE DRY. JUST WHEN I WAS AT THE SLIPROAD OF BUANGKOK GREEN/YIO CHU KANG ROAD, I STOPPED MY VEHICLE (REGN NO: SJK6740G) TO GIVE WAY TO INCOMING TRAFFIC FROM MY RIGHT.


MOMENTS LATER, I HEARD A LOUD BANG SOUND AND FELT MY VEHICLE JOLTED FORWARD. I IMMEDIATELY KNEW THAT THE VEHICLE BEHIND ME, A TOYOTA CAMRY (REGN NO: SKK3820S) HAD COLLIDED ONTO THE REAR PORTION OF MY STATIONARY VEHICLE, SJK6740G. NEXT, I ALIGHTED FROM MY VEHICLE TO TAKE PHOTOS AND EXCHANGE PARTICULARS.

AT THE MOMENT, I HAVE SOME DISCOMFORT ON MY NECK AND BACK REGIONS AND WILL SEEK MEDICAL ATTENTION SHOULD THE NEED ARISE.

I HAVE ALSO INFORMED THE PASSENGER, MR RUPESH AND HIS DAUGHTERS TO SEEK MEDICAL ATTENTION IF THEY ARE NOT WELL.

Declaration

We declare the foregoing particulars are true in every respect.


10/03/2022 11.45am

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





























