

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	07/03/2022 17:08 (SGT)
Date of Accident	07/03/2022 09:55 (SGT)
Exact Location of Accident	Choa Chu Kang Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC7396E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HYMS Car Leasing Pte Ltd
Company Reg No	201320561K
Email Address	hyms@live.com.sg
Mobile Phone No	(Phone) +65-83336725
Alternative Phone No	+65-83336725

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	M0016848
Cover Note Number	-

DRIVER

Name of Driver	Kee Tuwang Bon
NRIC No	S1447097B

Date Of Birth	10/04/1960
Occupation	Outdoor
Date Of Driving Pass	26/11/1977
Driving experience	44 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83828822
Alt. Phone Number	-
Email Address	hyms@live.com.sg
Address	Blk 660A Jurong West Street 61 #11-384
Address complement	-
Postcode	641660
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	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

Please refer to the 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	XE7086X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Peer Mohamed Muthu Mohamed
Passport No/FIN	G6878776P
Contact Number	(Phone) +65-93554231
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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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' 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.

Policyholder's Signature / Date & Time
- 7 MAR 2022
Sketch Plan

Driver's Signature (If Driver is not the policyholder) / Date & Time
- 7 MAR 2022

Witnessed by Reporting Centre Personnel
Jenny Lim

V/A 11 - SNC 7396E
V/A 12 - 11 7086X





Describe Circumstances of the Accident

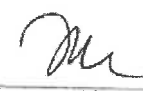
On 07/03/22 @ 9:55am my vehicle A (SNC 7895E) was travelling straight along Chea Che Keng Way. Suddenly I felt rear impact vehicle B (LE 70082) from my right lane cut into my lane & hit onto the rear right section of my vehicle. A where we slight from our vehicles the driver say insurance to do private settlement with you then in the afternoon he call & say go ahead & claim an Insurance.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
- 7 MAR 2022


Driver's Signature (If driver is not the policyholder) / Date & Time
- 7 MAR 2022


Witnessed by Reporting Centre Personnel
Jenny Lim

