

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	17/03/2022 14:32 (SGT)
Date of Accident	16/03/2022 10:35 (SGT)
Exact Location of Accident	Jln Anak Bukit, Singapore
Additional Location Information	JALAN ANAK BUKIT TOWARDS DUNEARN RD (CITY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB5485Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SWEE HENG MOTOR LEASING PTE. LTD.
Company Reg No	201827189W
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-64655595
Alternative Phone No	(Home) +65-64655595

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5115877529-02
Cover Note Number	-

DRIVER

Name of Driver	WONG DER YEN
NRIC No	S1389978I

Date Of Birth	17/01/1959
Occupation	Outdoor
Date Of Driving Pass	26/10/1977
Driving experience	44 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90090298
Alt. Phone Number	-
Email Address	ABC8627E@GMAIL.COM
Address	BLK 880 YISHUN STREET 81
Address complement	#06-261
Postcode	760880
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

REFER TO SKETCH PLAN ATTACHED

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	SKM7787T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG DER YEN
Gender	Male
Phone No	(Phone) +65-90090298
Address	BLK 880 YISHUN STREET 81
Address Complement	#06-261
Post Code	760880
Approximate Age Years Old	63
Injuries Sustained	-
Injured person in which vehicle?	SLB5485Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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,

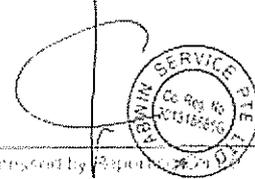
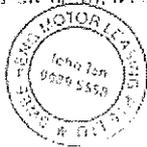
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me,

(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 being 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/are 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 based outside of Singapore, for one or more of the above Purposes.



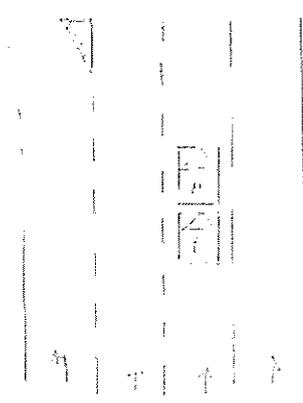
Policyholder's Signature / Date & Time

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

Witnessed by (Applicable only if Driver is Present)

Sketch Plan

Handwritten notes and a small sketch diagram.



Describe Circumstances of the Accident

ON THE STATED DATE AND TIME. I, VEHICLE A (SLB5485Z) WAS STATIONARY ON LANE 2 OF JALAN ANAK BUKIT TOWARDS DUNEARN ROAD (CITY). WHEN THE FRONT VEHICLE MOVE OFF AND I WAS ABOUT TO MOVE OFF SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SKM7787T) THAT HAD COLLIDED ONTO MY VEHICLE.

VEHICLE A : SLB5485Z

VEHICLE B : SKM7787T

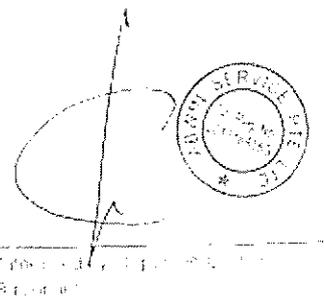
Declaration

I hereby declare that the information provided is true and correct.



Name of Driver of Vehicle A
Signature

Name of Driver of Vehicle B
Signature



Name of Police Officer
Signature