



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	18/03/2022 20:45 (SGT)
Date of Accident	18/03/2022 13:55 (SGT)
Exact Location of Accident	Near 38 Everitt Rd, Singapore
Additional Location Information	Junction of Joo Chiat PI & Everitt Rd (Minor Rd)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBE2323E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Tan Teck Sin
NRIC No	SXXXX134H
Email Address	hupmotor@gmail.com
Mobile Phone No	(Phone) +65-98432323
Alternative Phone No	+65-98432323

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MPC0001416_02
Cover Note Number	-

DRIVER

Name of Driver	Tan Teck Sin
NRIC No	SXXXX134H



Date Of Birth	29/08/1967
Occupation	Indoor
Date Of Driving Pass	22/01/1991
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98432323
Alt. Phone Number	+65-98432323
Email Address	hupmotor@gmail.com
Address	1, Palm Rd, #01-07, East Palm
Address complement	-
Postcode	456448
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 - Major/Minor Rd
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

Kindly refer to Sketch Plan attached.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6222X
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Bob Chan Chun Wai
NRIC No	SXXXX689C
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	Tan Teck Sin
Gender	Male
Phone No	(Phone) +65-98432323
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SBE2323E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

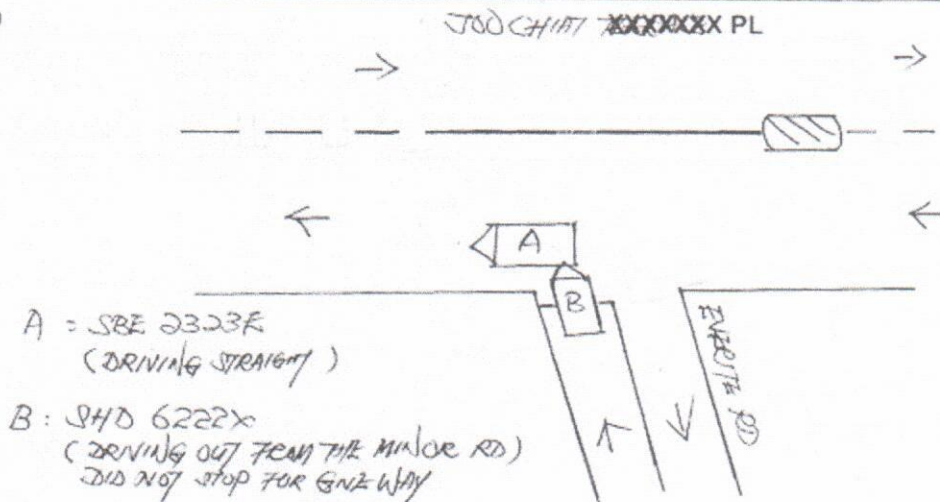
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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]
18/03/22
Policyholder's Signature / Date & Time

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

HUP MOTOR TRADING & SERVICE
Sandy Loo
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


ON 18/03/22 AT ABOUT 13:55HRS, I WAS DRIVING MY CAR (SBE2323E) ALONG JOO CHIAI ~~XXXXXX~~ PC MAIN RD), SUDDENLY A TAXI (SHD6222X) DRIVING OUT FROM THE MINOR RD (EVERITE RD) DID NOT STOP FOR GIVE WAY TO THE ONCOMING TRAFFIC, AS THE RESULT, THE TAXI FRONT RIGHT SIDE HIT ONTO MY CAR REAR LEFT SIDE PORTION, THE STRONG IMPACT CAUSING MY RIGHT SIDE BODY WAS DAMAGED.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD Claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated time frame from the day of occurrence.

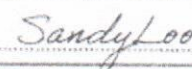
Reporting Only	
Claim OD	
Claim TP	✓
Claim OD / TP at other Workshop	

Declaration

We declare the foregoing particulars are true in every respect.

 18/03/22
Policyholder's Signature / Date & Time

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

HUP MOTOR TRADING & SERVICE

Witnessed by Reporting Centre Personnel