

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	02/04/2022 12:29 (SGT)
Date of Accident	31/03/2022 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF RIVER VALLEY ROAD AND CLEMENCEAU AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH2332R
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INSURED/POLICYHOLDER

Is company?	No
Name of Registered Owner	LEK KENG HANG
NRIC No	SXXXX428F
Email Address	KENGHANGLEK@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91465202
Alternative Phone No	(Home) +65-91465202

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121053713-01
Cover Note Number	-

DRIVER

Name of Driver	LEK KENG HANG
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NRIC No	SXXXX428F
Date Of Birth	04/07/1993
Occupation	Outdoor
Date Of Driving Pass	25/09/2014
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91465202
Alt. Phone Number	(Home) +65-91465202
Email Address	KENGHANGLEK@HOTMAIL.COM
Address	BLK 142 PASIR RIS STREET 11 #06-129
Address complement	-
Postcode	510142
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 - Change/cross lane
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

REFER TO 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	SGZ240D
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)	-

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 claim including the settlement of the claim and any necessary investigations relating to the claim;
- (ii) investigating the accident and/or my claim;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the raising 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 claim.

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

YILIN

<p>Policyholder's Signature / Date & Time</p> <p><i>[Signature]</i></p>	<p>Driver's Signature (if driver is not the policyholder) / Date & Time</p> <p><i>[Signature]</i></p>	<p>Witnessed by Reporting Centre Personnel</p> <p><i>[Signature]</i></p>
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Sketch Plan

(A) SFH2332R
(B) SGZ240D

CLEMENTE AVENUE

RIVER VALLEY ROAD

Describe Circumstances of the Accident

On 31/03/2022 at about 1850 hrs. at before junction of River Valley Road and Clemenceau Avenue. I was travelling on the second lane from the right at the above mentioned junction. Suddenly a vehicle (B) on the extreme left lane cuts into my lane without proper lookout and without caution, and hence collided onto my left portion of my vehicle (A) causing damages to my vehicle.

Vehicles Involved in this situation:

Vehicle (A) : SFH 2332R

Vehicle (B) : SGZ 240D

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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

YILIN

Witnessed by Reporting Centre Personnel