

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 11/04/2022 19:46 (SGT)
Date of Accident 09/04/2022 17:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information KJE EXIT TO WOODLANDS RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK9425S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TK ELECTRICIANS PTE. LTD.
Company Reg No 201913695Z
Email Address TECKKOON@TKELECTRICIANS.COM
Mobile Phone No (Phone) +65-91158246
Alternative Phone No +65-91158246

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120058142100
Cover Note Number -

DRIVER

Name of Driver YEAKOB
Passport No/FIN G2990586Q

Date Of Birth	06/10/1993
Occupation	Outdoor
Date Of Driving Pass	10/02/2020
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93526417
Alt. Phone Number	-
Email Address	TECKKOON@TKELECTRICIANS.COM
Address	C/O 6D MANDAI ESTATE #03-12 M-SPACE
Address complement	S(729938)
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BELAL
Gender	Male

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

I WAS DRIVING VEHICLE A ALONG KJE EXIT TOWARDS WOODLANDS ROAD. AT THE SLIP ROAD TOWARDS WOODLANDS ROAD , I SLOWED DOWN AND STOPPED MY VEHICLE TO GIVE WAY TO ONCOMING TRAFFIC ALONG WOODLANDS ROAD. SUDDENLY, I FELT AN IMPACT ON THE REAR OF MY VEHICLE. VEHICLE B COLLIDED INTO THE REAR OF MY VEHICLE. VIDEO FOOTAGE IS AVAILABLE.

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	SHC2638L
Vehicle Manufacturer	Hyundai
Vehicle Model	I40

Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	NAZARUDIN BIN A RASHID
NRIC No	S7139897H
Contact Number	(Phone) +65-94889341
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.


Policyholder's Signature / Date &
Time


Driver's Signature (If driver is not the policyholder) / Date
& Time 11/4/22 04:30pm


Witnessed by Reporting Centre
Personnel

Sketch Plan

Please refer to sketch.

Describe Circumstances of the Accident


Please refer to statement.

TP claim @ other workshop.

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
11/4/22 @ 4.30pm


Witnessed by Reporting Centre
Personnel

SKETCH PLAN

Statement



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving vehicle A along FJE exit towards Woodlands Road.

At the slip road towards woodlands Road, I slowed down and stopped my vehicle to give way to oncoming traffic along Woodlands Road. Suddenly, I felt an impact on the rear of my vehicle. vehicle B collided into the rear of my vehicle.

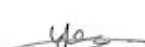
Video footage is available.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:




Driver's Signature
(if driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:













