GIA SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	14/04/2022 09:51 (SGT)
Date of Accident	13/04/2022 14:14 (SGT)
Exact Location of Accident	Telok Blangah Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3435P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO SIO HOON
NRIC No	SXXXX206I
Email Address	iamxyan1@gmail.com
Mobile Phone No	(Phone) +65-97371687
Alternative Phone No	+65-97377687

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107225931-02
Cover Note Number	-

DRIVER

Name of Driver	HO MUI TEE
NRIC No	SXXXX161A

Date Of Birth	26/10/1943
Occupation	Indoor
Date Of Driving Pass	16/10/1982
Driving experience	39 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97371687
Alt. Phone Number	-
Email Address	iamxyan1@gmail.com
Address	BLK 125 KIM TIAN ROAD
Address complement	#04-86
Postcode	160125
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	N.A
Gender	Female

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 SEE ATTACHED SKETCH PLANS.

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	SLT9094Y
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	DU PENG
NRIC No	SXXXX017C
Contact Number	(Phone) +65-82680279
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 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.
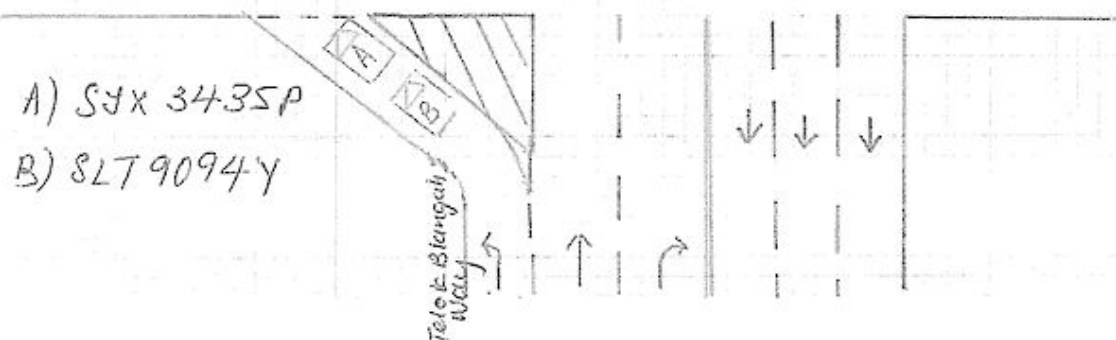
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

← Lower Delta Road →

A) SJX 3435P
B) SLT 9094Y

Telok Blangah Way

Describe Circumstances of the Accident

I was driving along Telok Blangah way entering towards Lower Delta Road. I came by & and stopped at the slip road to check the traffic clearance before moving out safely.
Suddenly,
A vehicle B came & hit onto my vehicle, at the rear of my car.

The impact of vehicle B onto my car caused to move slightly ahead to the main road.

My passenger and I were also felt the impact as well as feeling rather scared and uncomfortable. we felt nauseas & my passenger also bounced back the seat.

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) / Date & Time

Witnessed by Reporting Centre Personnel