SS02#24D0001 / S & H Motor Pte Ltd ENTRY DATE & TIME: 13/04/2022 11:15 (SGT) SUBMITTED BY: Cynthia Myint Myint Than VERSION: 1 (13/04/2022 11:15 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

3. Information provided must be as trutniul and accurate as possible. Any willul missippression of the insurance companies 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

13/04/2022 11:15 (SGT) 12/04/2022 14:04 (SGT) Changi South Ave 4, Singapore Changi South Ave 4 LP 6 & 7 Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMP582Z

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

Ang Ser Juay (Hong SiRui)

S7122335C

srwood88@yahoo.com

(Phone) +65-92225908

(Home) +65-92225908

**VEHICLE PARTICULARS** 

Manufacturer

Model

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?

Vehicle Category

**Transmission** 

CC

Toyota

**Altis** 

Private hire

No - Claiming third party

Private hire

Auto

1600

#### **INSURANCE COMPANY**

Name of Insurance Company

Type of Coverage

Fleet Policy

**Policy Number** 

Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive

No

5112892999-02

Name of Driver NRIC No

DRIVER

Ang Ser Khim S1642497H



## SKETCH PLAN

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- 3. Information provided must be as truthful and accurate as possible. Any watul misrepresentation or withholding of material facts may show the provided must be as truthful and accurate as possible. slow insurance companies to repudiate policy hability.
- The secure and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any take reporting may be referred to the Police for investigation.
- 6. The report will be forwanded by the insurers of the GA Records Alanagement 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 indgement 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.
- 5. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 presented 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 law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authorsy (such as the police), for the purpose(s) of :
- (a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (ti) investigating the accident and/or my claims;
- (iii) carrying out ancier dealing with my instructions or responding to any enquiries by me;
- (av) administering my claims (including the making of correspondence, statements, invoices, reports or notices to ma, 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/meil Dackages); and br
- (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 (irms, 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 regylean be disclosed by any of the Insurers and/or GIA to thely third party service providers or agents (including their law yers flaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Sighature / Date & Dr	wer's Signature (I driver is not the policy)	Object (Only)
Sketch Plan	iver's Signature (If driver is not the policyh Time	older) / Date Witnessed by Reporting Centre Personnel
(a) Siv	ips82 E Co	SHEXTASB
	13	
	ALB	
LE .		Chang South
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