

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 27/04/2022 18:20 (SGT)
Date of Accident 26/04/2022 18:45 (SGT)
Exact Location of Accident Near 147 Bishan Street 11, Singapore 570147
Additional Location Information BRADDELL ROAD (TOWARDS BARTLEY ROAD) BEFORE
BISHAN ST 11 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT5170K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO ENG HUA
NRIC No S1448716F
Email Address WINWAHDAVID@YAHOO.COM.SG
Mobile Phone No (Phone) +65-98347256
Alternative Phone No +65-98347256

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D19MPC0005404_02
Cover Note Number D19MPC0005404_02

DRIVER

Name of Driver TEO ENG HUA

NRIC No	S1448716F
Date Of Birth	05/06/1960
Occupation	Indoor
Date Of Driving Pass	14/10/1980
Driving experience	41 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98347256
Alt. Phone Number	+65-98347256
Email Address	WINWAHDAVID@YAHOO.COM.SG
Address	BLK 288C JURONG EAST STREET 21
Address complement	#12-382
Postcode	603288
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	GBB2248E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE LI CHEW
NRIC No	S1327035Z
Contact Number	(Phone) +65-93750083

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ9833Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA GUAN KEONG
NRIC No	S7308079G
Contact Number	(Phone) +65-81804823
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.

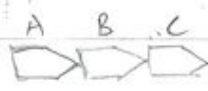

Policyholder's Signature / Date & Time


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

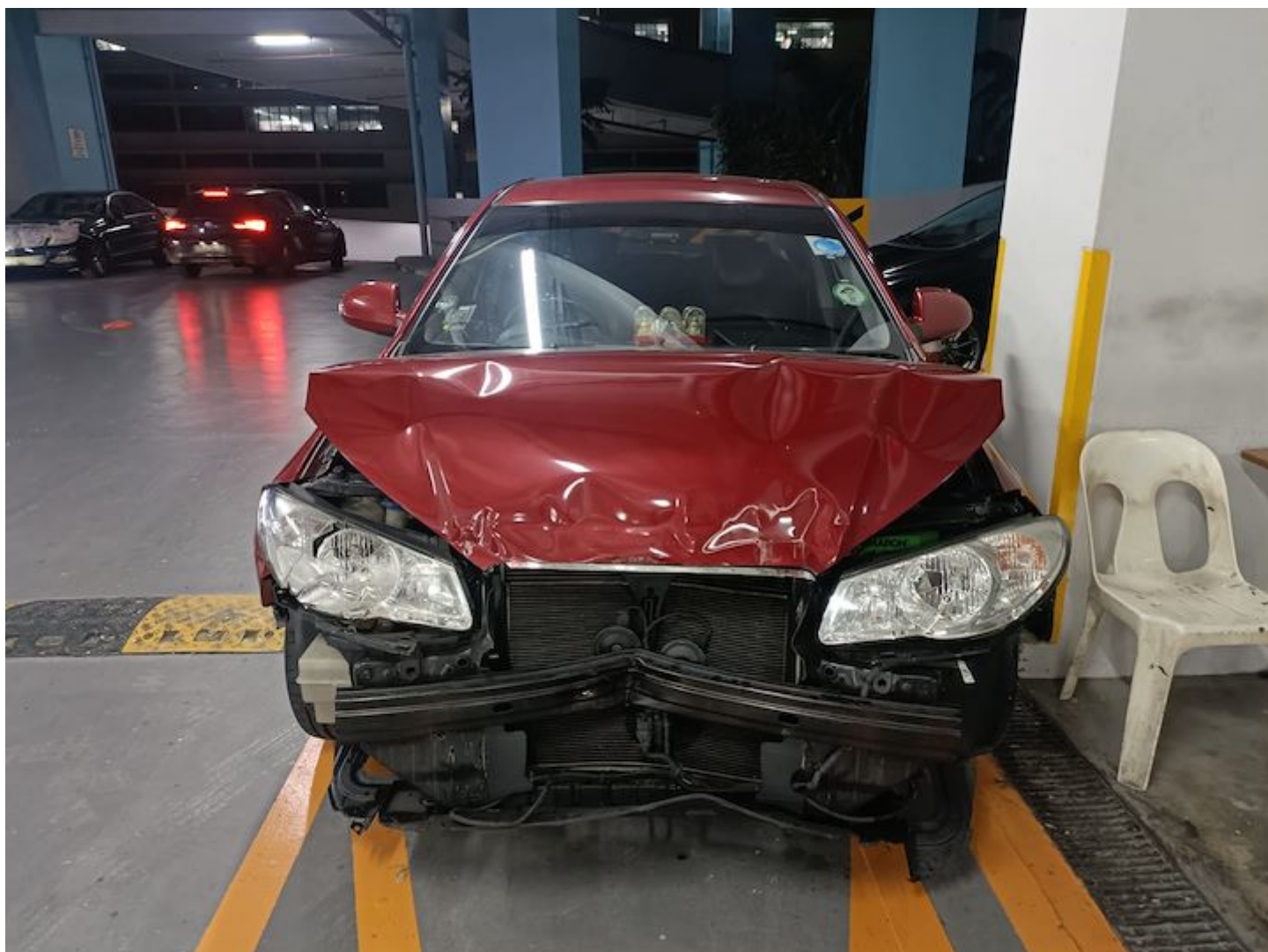

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SIT S170K
B: GBB2248E
C: SLQ9833Y



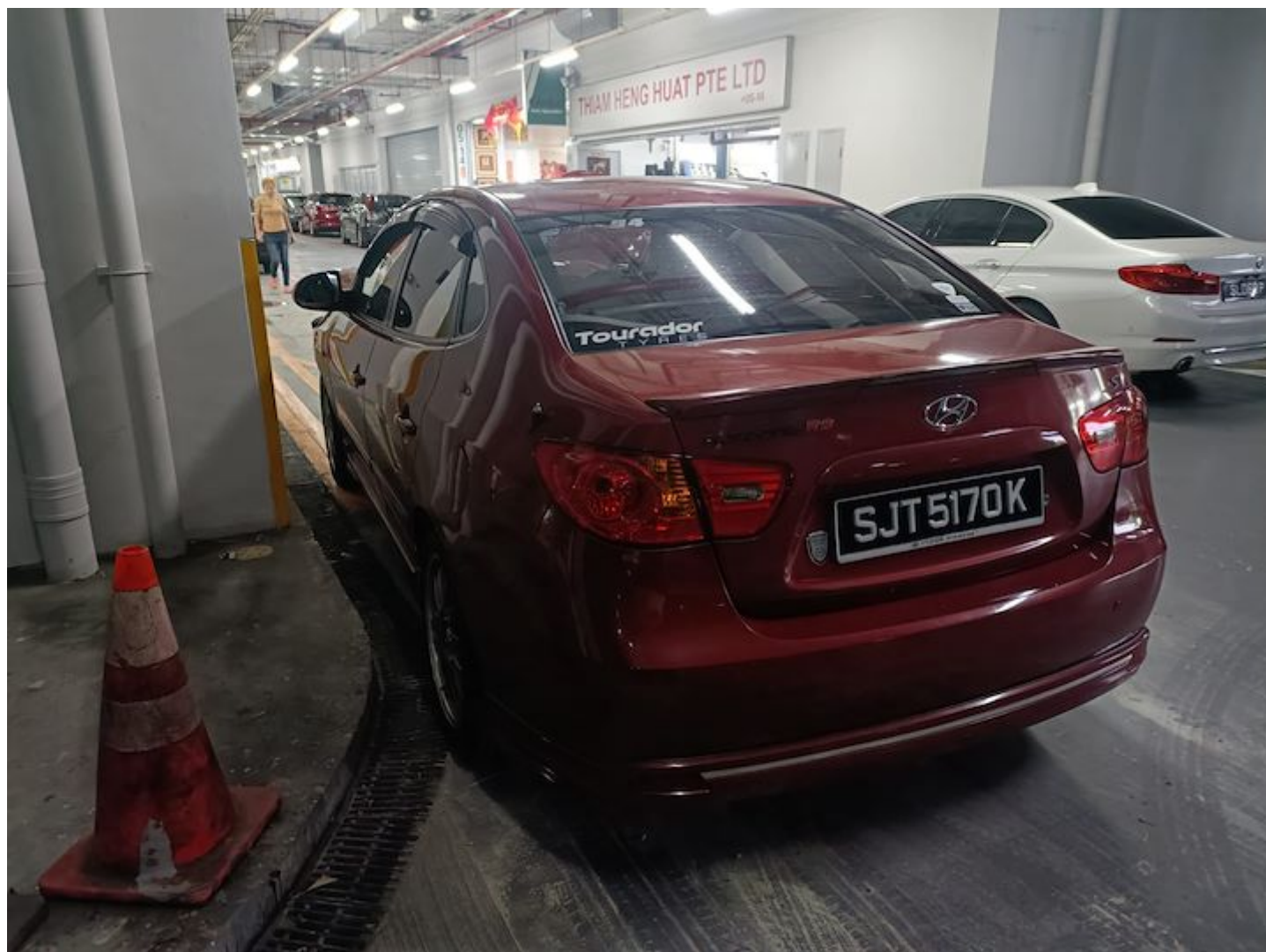
Braddell Road









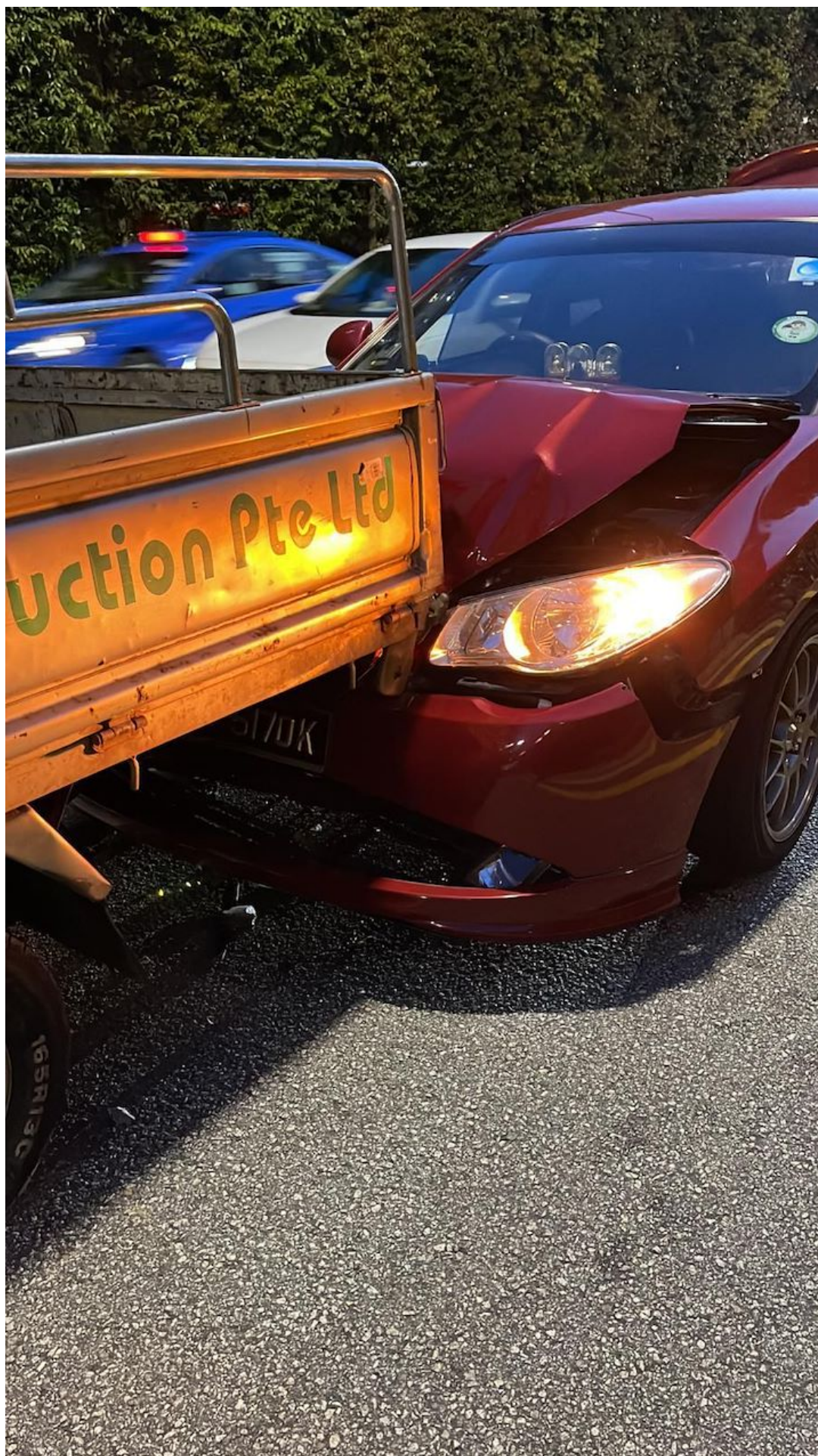














SINGAPORE ACCIDENT STATEMENT

Accident Date: 26 April 2022 Time: 18:45		(hh:mm) 24 hr format
Location		
Braddell Road (Towards Bartley Rd), Before Bishan SPC Exit.		
Vehicle Number S2T5170K		
Insured Name Teo Eng Hua.		
NRIC/FIN S1448716P	Contact Number 9834 7256	
Make Hyundai	Model Avente	
Are you claiming under your own insurance policy for repair to your vehicle?		
(✓) Yes If No, Pls select: () Third Party () Reporting		
Insurance Company India Insurance.		
Type of Policy (✓) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 0194AC0005K0K-02		
Name of Driver		(✓) Same as Insured
NRIC/FIN		Contact Number
Date of Birth 5 Jun 1960		
Driving Pass Date 14 Oct 1980		
Occupation (✓) Indoor () Outdoor		
Gender (✓) Male () Female		
Email Address winwah.david@yahoo.com.sg		() NO EMAIL
Address of Driver		
Blk 288C Jurong East St 21 #12-382, S(603288)		
Was driver an employee of the Insured's Company? () Yes (✓) No		
If No, Relationship of the Driver with the Insured		
(✓) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (✓) Clear () Raining () Others		
Road Surface (✓) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (✓) No		
Was anybody injured in the accident? () Yes (✓) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (✓) No		
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B GBB2248E	Lee Li Chew	S13270352 93750083
Veh C SLQ9833Y	Chua Guan Keong	S73080796 81804823
Veh D		
Veh E		
Veh F		