

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	19/05/2022 14:20 (SGT)
Date of Accident	19/05/2022 07:35 (SGT)
Exact Location of Accident	Paya Lebar, Singapore
Additional Location Information	PAYA LEBAR RD TWDS AIRPORT RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GP3873K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	T.Y. WANG CONSTRUCTION RENOVATION
Company Reg No	53109980J
Email Address	HUPMOTOR@GMAIL.COM
Mobile Phone No	(Phone) +65-94416632
Alternative Phone No	+65-94416632

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5125838614
Cover Note Number	-

DRIVER

Date Of Birth	14/01/1961
Occupation	Outdoor
Date Of Driving Pass	03/11/1982
Driving experience	39 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94416632
Alt. Phone Number	-
Email Address	HUPMOTOR@GMAIL.COM
Address	735 TAMPINES ST 72
Address complement	#10-04
Postcode	520735
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE PROPRIETOR
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	Side Swipe
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

AS PER SKETCH PLAN 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	YN9007C
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ADNAN BIN JAFFERY
NRIC No	S9510826A
Contact Number	(Phone) +65 91705412

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.

YIN WANG CONSTRUCTION PTE. LTD.

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

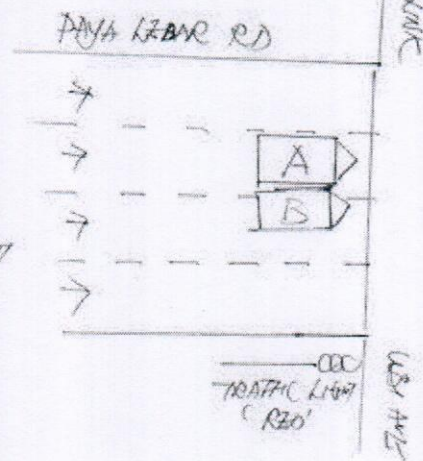


19/05/22

Sketch Plan

A: GP3873K
(STATIONARY)

B: YN9007C
(HIT ONTO MY CAR FRONT RIGHT SIDE)



Describe Circumstances of the Accident

ON 13/05/22 AT ABOUT 0735HRS. MY VAN (GP 3873K) WAS STOP
AT THE TRAFFIC LIGHT JUNCTION, DUE TO THE TRAFFIC LIGHT WAS 'RED'
AFTER ABOUT 5 MIN, CAR (B) VN 9007C FROM LEFT SIDE HIT ONTO
MY VAN FRONT RIGHT SIDE DOOR & SIDE MIRROR.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD Claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated time frame from the day of occurrence.

Reporting Only	
Claim OD	
Claim TP	YES
Claim OD / TP at other Workshop	

Declaration

We declare the foregoing particulars are true in every respect.

T.Y. WANG, CONSTRUCTION WORKER

T.Y. Wang

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

