

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 | 27/06/2022 17:06 (SGT) |
| Reported by | Driver |
| Date of Accident | 27/06/2022 09:30 (SGT) |
| Exact Location of Accident | Yishun Ave 1, Singapore |
| Additional Location Information | YISHUN AVENUE 1 FROM SELETAR WEST LINK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | GBE1590G |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | EFFICIENT SYSTEMS PTE LTD |
| Company Reg No | 2XXXXX907N |
| Email Address | susan@efficient.com.sg |
| Mobile Phone No | (Phone) +65-96307947 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|----------------------------|
| Manufacturer | Citroen |
| Model | Berlingo |
| Variant | 1.6 M/T ABS AIRBAG 2WD 6DR |
| 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 | 1560 |

INSURANCE COMPANY

| | |
|-----------------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Policy Number / Cover Note Number | 5117001372-02 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | SIM HAN SIONG |
| NRIC No | SXXXXX714A |
| Date Of Birth | 02/04/1977 |
| Occupation | Outdoor |

| | |
|--|----------------------------------|
| Date Of Driving Pass | 01/02/2006 |
| Driving experience | 16 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96307947 |
| Alt. Phone Number | - |
| Email Address | HANSIONG.SIN@ABLOY.SG |
| Address | BLK 115 BEDOK NORTH ROAD #12-293 |
| Address complement | - |
| Postcode | 460115 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

DETAILS OF POLICE ACTION

| | |
|---|---------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Sembawang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005549999 |
| Police Station Address | 4 Sembawang Crescent Singapore 757633 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND NOTICE OF COMPLIANCE

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | SHB460A |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|------|
| Vehicle Category | Taxi |
| Name of Driver | - |
| Contact Number | - |
| 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 | GBC3402T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| 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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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.
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

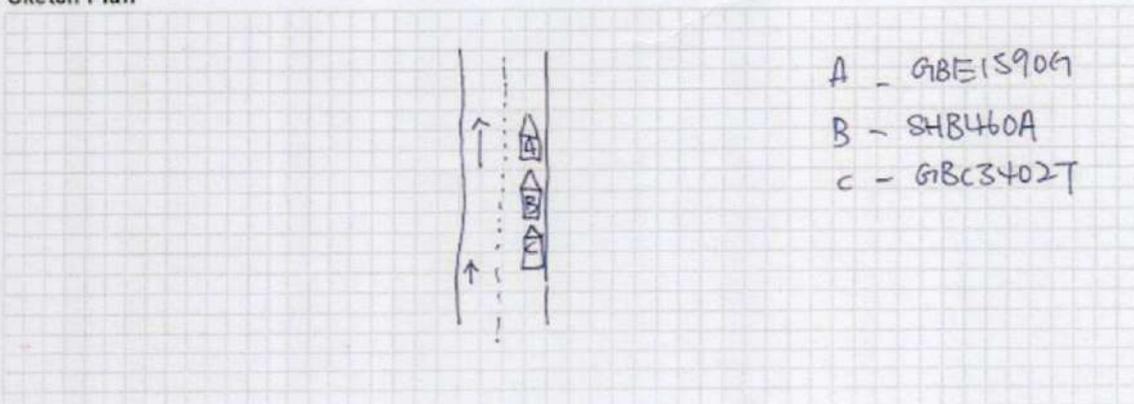
 

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Notice of compliance

Declaration

We declare the foregoing particulars are true in every respect.

[Handwritten signature]



Policyholder's Signature / Date & Time

[Handwritten signature]



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

[Handwritten signature]



Witnessed by Reporting Centre Personnel

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Sim Han Siong, S7708714A HP: 96307947 has reported to the Police a non-injury traffic accident which occurred at Yishun Avenue 1 from Seletar West Link on 27/06/2022 at 0930hrs.

Involving the following vehicles:

On 27/06/2022 at 0930hrs, I was driving (Grey colour Citron Berlingo and registration number: GBE1590G) on the right lane along Yishun Avenue 1 from Seletar West Link. While driving, there was one vehicle (Mazda with unknown registration number) ahead of me. Subsequently, I saw the brake light from the said vehicle, and I applied my brake and managed to avoid the Mazda vehicle.

Thereafter, I felt an impact at the back of my vehicle. When I make a check, I realized I was involved in an accident with two other vehicles (chain collision).

My vehicle sustained dents on the rear bumper and the rear door was unable to open. I then exchange particulars with the other two driver's registration numbers: SHB460A and GBC3402T). Then, no one complains about any injuries.

2 This accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSS Nur Alshaari

Date: 27/06/2022

Time: hrs

S/D Ref: 27

Police Post/Unit: Sembawang Neighbourhood Police Centre

SEMBAWANG NPC
A Sembawang Crescent
Singapore 757833
Tel: 6300-5549999
Fax: 66522499

Original -- to be issued to informant
Duplicate -- to be submitted to Traffic Police

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