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 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.

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 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 29/06/2022 13:27 (SGT) Reported by Date of Accident 28/06/2022 17:20 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information AYE TOWARDS MCE (AFTER JURONG TOWN HALL ROAD EXIT) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SKA2634Y**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HO WEI MIN NRIC No SXXXX664I Email Address SEALVINHO@HOTMAIL.COM Mobile Phone No (Phone) +65-96169959 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model LEXUS RX270 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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5120305450-01

DRIVER

Name of Driver HO WEI MIN NRIC No SXXXX664I Date Of Birth 18/09/1964

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	Indoor 13/02/1985 37 YEARS AND 4 MONTHS Male (Phone) +65-96169959 - SEALVINHO@HOTMAIL.COM 5B LORONG 26 GEYLANG #07-15 - 398505 Yes - 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 Weather Conditions Road Surface	Collision - Head to Rear AFTER RAIN Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given?	- - -
If yes, against whom?	No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	GT8111Y - -

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)	-

Describe C	Circumstances of	the	Accident
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On 28.06.2022 at about 17:20 pm. I was travelling along AYE towards MCE (After
Jurong Town Hall Road Exit). The front vehicle slowed down and stopped, I followed.
Suddenly, vehicle 8 hit my rear portion.

Declaration

IWe 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

SKETCH PLAN

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- 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)

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 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' law yers/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 law yers/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

Witnessed by Reporting Centre Personnel

Sketch Plan















