

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 01/07/2022 12:08 (SGT)
Reported by Both
Date of Accident 30/06/2022 15:45 (SGT)
Exact Location of Accident 1004 Lor 8 Toa Payoh, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF139Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HOO HUNG CHYE (HE HONGCAI)
NRIC No SXXXX418E
Email Address zitbaban@yahoo.com.sg
Mobile Phone No (Phone) +65-98156786
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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 2000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5117954341-01

DRIVER

Name of Driver HOO HUNG CHYE (HE HONGCAI)
NRIC No SXXXX418E
Date Of Birth 21/01/1979
Occupation Indoor

Date Of Driving Pass	05/02/2001
Driving experience	21 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98156786
Alt. Phone Number	-
Email Address	zitbaban@yahoo.com.sg
Address	19 SHELFORD ROAD
Address complement	#09-02
Postcode	288408
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	Collision - Major/Minor Rd
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
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED - TYPE OF ACCIDENT - HEAD TO SIDE

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	SHC4739R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	GOH CHOON HUAT
NRIC No	SXXXXX406I

Contact Number	(Phone) +65-87273389
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.

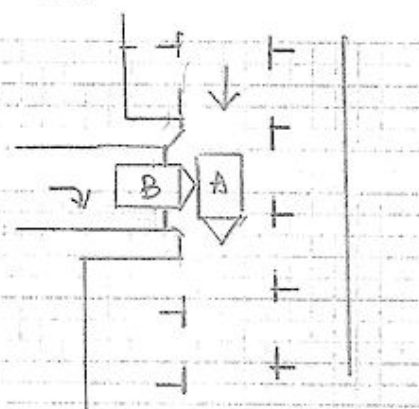
Policyholder's Signature / Date & Time
01-07-22

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



Witnessed by Reporting Centre Personnel

Sketch Plan



LOR 8 TOA PAYOH

Describe Circumstances of the Accident

I was travelling slowly along Tanjong East (Industrial Park) slowly when I notice the taxi at the Stop Sign. He seem to be proceeding slowly towards the stop line as I move forward pass his vehicle. He did not stop at the stop line and proceed to T-bone my Right Passenger door as I passed the T-Intersection. We stopped our Vehicles upon impact. Both parties confirmed no body injuries.

☐ Claim OD ☐ Claim Third Party ☒ Claim OD (TP) at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop: THIAM HENG HUAT PTE LTD

Email address: thiambhenghuat@gmail.com

Myself email: zifbaban@yahoo.com.sg

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
01.07.22

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

Witnessed by Reporting Centre Personnel