YEW TEE AUTOMOBILE TECH PTE LTD

ACCIDENT STATEMENT

Date & Time of Accident	8/7/21 5.30 pm
Exact Location of Accident	Hospital Dr
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT 4447 X
Name of Registered Owner	Wong Say Hai
NRIC Number / Co Reg. Number	S9012202Z
Vehicle Make & Model	KIA
Exact Purpose for which vehicle was being used at time of accident	Private Use / Work Use / Private Hirer Use
Please state action to be taken for type of insurance claim	Own Damage / (Third Party) / Reporting Only
Vehicle Category	(Private Car) / Commerical / Private Hire / Others
Insurance Company	
Name of Insurance Company	ECICS
Policy Number	MPC 21 P002 07300
Driver	
Name of Driver	
NRIC Number	23-04-1990
Date of Birth	82881535
Date of Driving Pass	29 Jan 2010
Contact Number	
Address	wong.sayhai@hup.com
Relationship of the Driver with the Insured	
Collision Description	
Weather Conditions	(Clear) / Raining / Others
Road Surface	Wet / (Dry) / Others
Third Party Details	
Was anybody injured in the Accident?	Yes / (No)
Was any other vehicle or property damage?	(Yes) / No
Number of Passengers (Incl Driver) 1	Name & Gender Driver
	Name & Gender
Was the Accident reported to the Police?	Yes / (No)
Was there any video captured?	(Yes) / No
DETAILS OF OTHER VEHICLE(S) / PROPERTIES	
Vehicle Registration Number	SHB 5619C
Name / Driver	SIM KIM TECK
NRIC Number	S0136932F
Vehicle Make & Model	
Exact Purpose	
Insurance Company	
Vehicle Category	Private Car / Commercial / Private Hire / Others
Name / Contact Number	

IMPORTANT NOTICE

SKETCH PLAN

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 a 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. The 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

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

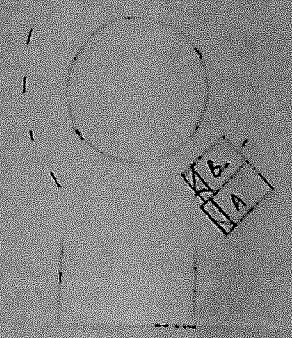
(collectively the "**Purposes**")

(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

Plan



(A) SLT [illegible]

(B) SHB 5519C

Describe Circumstances of the Accident

On 07/07/22 at about 1720HRS, along Hospital Drive, my ~~was~~ vehicle came into contact with a taxi whereby the taxi cut into my travel lane.

...laration

We declare the foregoing particulars are true in every respect

X

Policyholder's Signature / Date & Time

X

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

Witnessed by Reporting Centre Personnel