

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	19/07/2022 13:25 (SGT)
Reported by	Both
Date of Accident	18/07/2022 18:45 (SGT)
Exact Location of Accident	2 Orchard Turn, Singapore 238801
Additional Location Information	IN FRONT OF DROP OFF POINT OF ION ORCHARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV5008B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAP CHEE HOE PERRY
NRIC No	S7229899C
Email Address	perryap@flylabel.com.sg
Mobile Phone No	(Phone) +65-93858123
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5119212079-01

DRIVER

Name of Driver	YAP CHEE HOE PERRY
NRIC No	S7229899C
Date Of Birth	22/08/1972
Occupation	Outdoor

Date Of Driving Pass	28/08/1992
Driving experience	29 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93858123
Alt. Phone Number	-
Email Address	perryyap@flylabel.com.sg
Address	BLK 9 JALAN RUMAH TINGGI #04-457
Address complement	-
Postcode	150009
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	6
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

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

ON 18/07/2022 AT ABOUT 1845HRS AT IN FRONT OF DROP OFF POINT OF ION ORCHARD. I WAS STATIONARY ON THE EXTREME LEFT LANE WHILE WAITING FOR MY PASSENGER AND SUDDENLY, I HEARD A LOUD BANG AND WHEN I ALIGHT, I REALISED IT WAS VEHICLE B WHO HIT ONTO THE REAR PORTION OF MY VEHICLE B CAUSING DAMAGES TO MY VEHICLE A. I HAVE 5 PASSENGERS ONBOARD MY VEHICLE.

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 SLW5449T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) 2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YAP CHEE HOE PERRY
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMV5008B
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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 Regulatory Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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/are 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

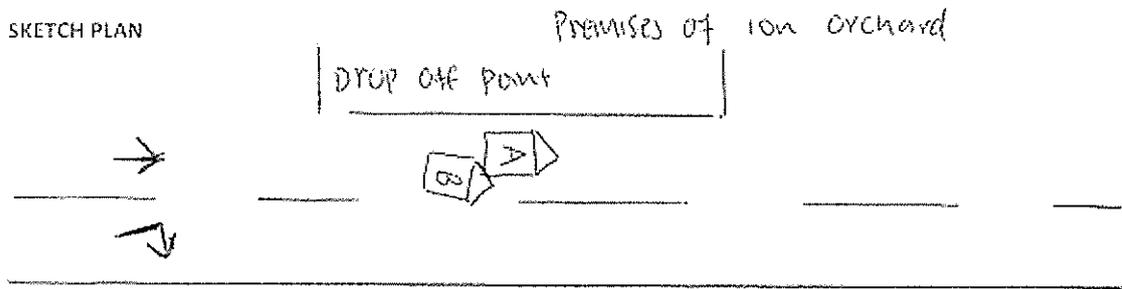

 Policyholder's Signature
 Date & Time


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

Reporting Centre Personnel's Signature
 Name
 NRIC/FIN No.

I hereby authorise SME Motor Pte Ltd to send my Accident report to my workshop My Solution Pte Ltd. via email / fax
 Signature: _____

SKETCH PLAN



(A) SMV5008B
(B) SLW5449T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/07/2022 at about 1845hrs at in front of drop off point of ion Orchard. I was stationary on the extreme left lane while waiting for my passengers and suddenly, I heard a loud bang and when I alight, I realised it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle (A). I have 5 passengers onboard my vehicle.

(A) SMV5008B
(B) SLW5449T

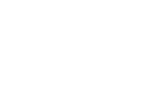
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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


Phyllis Bee's Signature
Date & Time


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


Reporting Centre Personnel's Signature
Name
NRICH No.