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.

- 4. The issue and acceptance of this is form by instrained 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 18/07/2022 17:06 (SGT) Reported by Date of Accident 17/07/2022 14:00 (SGT) Exact Location of Accident Singapore Additional Location Information **QUEENSWAY** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1600

Vehicle Registration Number GBG9338G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DJY ENGINEERING PTE LTD Company Reg No 200913804W Email Address DONYEO@DJYENGRG.COM.SG Mobile Phone No (Phone) +65-96333304 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model Citan Variant 109 Exact purpose for which vehicle was being used at time of

accident **Employment**

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5096494366-04

DRIVER

Name of Driver YEO KENG SAI NRIC No S2511113C Date Of Birth 14/02/1958 Occupation Outdoor

Date Of Driving Pass 21/05/1980 Driving experience 42 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96333304 Alt. Phone Number Email Address YKS.DON@GMAIL.COM Address BLK 4 WOODLEIGH LANE #08-13 Address complement Postcode 357686 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **PASSENGER** Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN 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

SLS4469M

Mazda

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN XIAN HONG, ISAAC
NRIC No	S7737268G
Contact Number	(Phone) +65-98779423
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INCOME	MOTOR	SERVICE	CENTRE
DACOIALE	MOTOR	SERVICE	CENTRE

Report Date & Start Time: 18/07/2022 / 16:56

Report No: MT/_____

D.O.A: <u>17/07/2022</u> Time: <u>14:00 hrs</u> Vehicle No: GBG9338G

Reporting Type:

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 Actual Driver.
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SKETCH PLAN

- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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 the provider of the above Purposes.

18/07/22 / 16:56

18/07/22 / 16:56

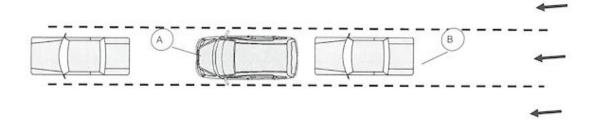
Chen JunLiang

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Peronnel (Name as in NRIC/ID card)

Sketch Plan



Vehicle A: GBG9338G

Vehicle B: SLS4469M

Describe Circumstances of the Accident			
MY VEHICLE WAS GOING STRAIGHT ON THE CENTRE LANE OF QUEENSWAY. VEHICLES INFRONT OF ME E-BRAKED.			
I BRAKED AND STOPPED ON TIME. AFTER A FEW SECONDS LATER, VEHICLE B HIT ONTO MY VEHICLE REAR			
PORTION.			
).			

Declaration

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

Policyholder's Signature / Date & Time

 $\frac{18/07/22\,/\,16:56}{\text{Driver's Signature (If driver is not the policyholder)}\,/\,\text{Date \& Time}}$

Chen JunLiang

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)









