

## 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 .....	25/07/2022 17:36 (SGT)
Reported by .....	Driver
Date of Accident .....	24/07/2022 17:50 (SGT)
Exact Location of Accident .....	621 Yishun Ring Rd, Singapore
Additional Location Information .....	621/622 YISHUN RING RD OPEN CAR PARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKV2595R
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHAN CHOON PIAW
NRIC No .....	S1730070I
Email Address .....	felixmama88@gmail.com
Mobile Phone No .....	(Phone) +65-97810557
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
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 hire
Transmission .....	Auto
CC .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number .....	5114029378-02

#### DRIVER

Name of Driver .....	LI MEI
NRIC No .....	S7277188E
Date Of Birth .....	12/11/1972
Occupation .....	Outdoor

Date Of Driving Pass .....	18/05/2018
Driving experience .....	4 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-86867288
Alt. Phone Number .....	-
Email Address .....	felixmama88@gmail.com
Address .....	BLK 476A YISHUN ST 44 #07-26
Address complement .....	-
Postcode .....	761476
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 on collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	4
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 .....	Male

#### 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

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
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Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SJR5489C  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... NA / Unknown  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-91250904  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... LI MEI  
Gender ..... Female  
Phone No ..... (Phone) +65-86867288  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... PAIN ON NECK AND LOWER BACK  
Injured person in which vehicle? ..... SKV2595R  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

## SKETCH PLAN

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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' law yers/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 &amp; Time

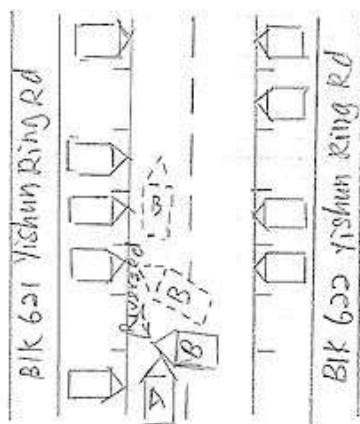


Driver's Signature (If driver is not the policyholder) / Date &amp; Time 25-7-22



Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

After picking up 3 passengers, I was driving in the open car park of Yishun Ring Road with a red car in front. It was drizzling at that time and I kept a safe distance between the 2 cars. As I was approaching BIK 621, the red car without any signal, proceeded to make a reverse while I remained stationary. The other driver failed to look out for vehiclee thus collided onto the right front of my car. Both drivers exited from our cars and exchanged particulars. The following day, I felt pain at the neck and lower back area and subsequently I went to consult a doctor. I was given 2 days of MC. My in car camera has captured the accident.

☐ Claim OD    ☐ Claim Third Party    ☒ Claim OD & CP at other workshop    ☐ Reporting Only

Please forward a copy of my efile accident report to:


My workshop : THIAM HENG HUAT FIE LTD  
 Email address : thiamhenghuat@gmail.com  
 Myself email : felixmama88@gmail.com

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

  
 Driver's Signature (If driver is not the policyholder) / Date & Time 25-7-22

  
 Witnessed by Reporting Centre Personnel