

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 14:52 (SGT)
Reported by	Driver
Date of Accident	23/07/2022 16:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PRINSEP STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7283G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KH LEASING PTE. LTD.
Company Reg No	201611813C
Email Address	KAHUPLEASING@GMAIL.COM
Mobile Phone No	(Phone) +65-85182081
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS
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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5111208573-02

DRIVER

Name of Driver	HENG SOON POH
NRIC No	S1128078A
Date Of Birth	02/12/1955
Occupation	Outdoor

Date Of Driving Pass	09/10/1976
Driving experience	45 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91199086
Alt. Phone Number	-
Email Address	KAHUPLEASING@GMAIL.COM.SG
Address	BLK 162B PUNGGOL CENTRAL #17-71
Address complement	-
Postcode	822162
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	Male

PASSENGER 2

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

I WAS STATIONARY DUE TO THE TRAFFIC LIGHT. SUDDENLY FELT A IMPACT ON MY REAR. VEHICLE B HIT ONTO MY REAR.

ATTACHMENT(S)


Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Adv to email to motorvideo@income.com.sg


DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SLM5230J
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	JOSEPH
Contact Number	(Phone) +65-96550221
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

REFER TO GEARS

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


 25/07/2022
 1440hrs


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

25/07/2022
 1440hrs

 TION TON KINT HENRY
 Witnessed by Reporting Centre Personnel (Name as in NRUGID card)

2


SKETCH PLAN

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- 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:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - 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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may 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.


25/09/2022
1446hrs
25/09/2022
1446hrs
TREN JOH KIAN HENRY

Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NUCID card)

Sketch Plan

A - SHM 72834

B - 6LM5230J

