

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 Actual 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	02/08/2022 12:19 (SGT)
Reported by	Both
Date of Accident	02/08/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF PIONEER ROAD AND INTERNATIONAL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW8579G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ST. MICHAEL LEASING AND CHARTER AGENCY
Company Reg No	53337934B
Email Address	MICHAELWONGCW@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96373475
Alternative Phone No	-

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5125840187

DRIVER

Name of Driver	WONG CHEE WAI
NRIC No	S7143113D
Date Of Birth	29/11/1971
Occupation	Outdoor

Date Of Driving Pass	16/02/1995
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96373475
Alt. Phone Number	-
Email Address	MICHAELWONGCW@YAHOO.COM.SG
Address	BLK 219 ANG MO KIO AVE 1 #11-825
Address complement	-
Postcode	560219
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	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)	1
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	-

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
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH VEHICLE OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4809S
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	AZMAN BIN KASNAN

NRIC No	S1749220I
Contact Number	(Phone) +65-90866344
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

Report Date & Start Time: 02/08/2022 / 12:10

Report No: MT/

D.O.A: 02/08/2022

Vehicle No: SLW8579G

Reporting Type: TP

Time: 08:30 hrs

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 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.



02/08/22 / 12:10

Policyholder's Signature / Date & Time



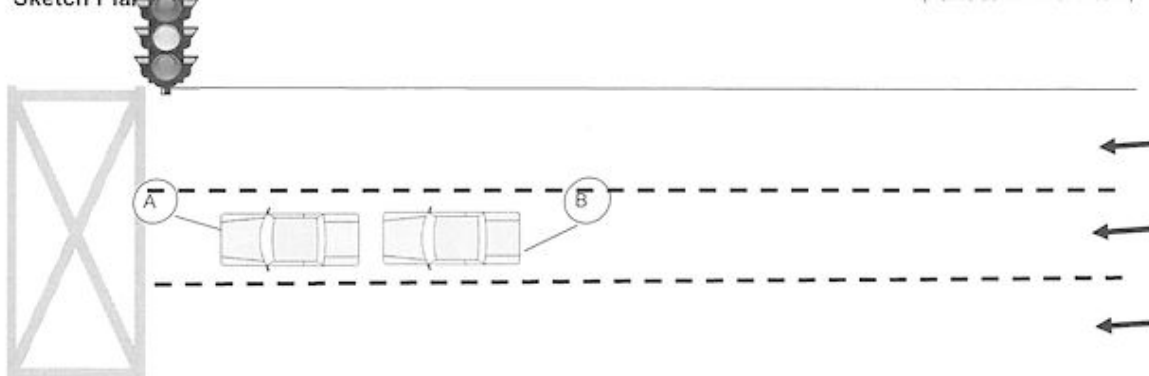
02/08/22 / 12:10

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

Chen JunLiang

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

Sketch Plan



JUNCTION OF PIONEER ROAD AND INTERNATIONAL ROAD

Vehicle A: SLW8579G

Vehicle B: SHD4809S

Describe Circumstances of the Accident

MY VEHICLE WAS TRAVELLING ON THE CENTRE LANE OF PIONEER ROAD AND INTERNATIONAL ROAD JUNCTION. IT WAS AMBER TRAFFIC LIGHT AND I STOPPED. VEHICLE B UNABLE TO STOP ON TIME AND HIT ONTO MY VEHICLE REAR PORTION.

Declaration

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



02/08/22 / 12:10

Policyholder's Signature / Date & Time



02/08/22 / 12:10

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

Chen JunLiang

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





















