

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 willful 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	28/07/2022 10:01 (SGT)
Reported by	Both
Date of Accident	27/07/2022 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG LAVENDER STREET TOWARDS SERANGOON ROAD, NEAR TO UNIT 265.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1192A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIANG KOK KIN
NRIC No	S1455221I
Email Address	Joechiang20@gmail.com
Mobile Phone No	(Phone) +65-94798816
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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 car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5122508726-01

DRIVER

Name of Driver	CHIANG KOK KIN
NRIC No	S1455221I
Date Of Birth	20/10/1960

Driving Pass
Experience
Number
Phone Number
Address
Address complement
Postcode

Indoor
17/10/1980
41 YEARS AND 9 MONTHS
Male
(Phone) +65-94798816
-
Joechiang20@gmail.com
26 BUKIT BATOK EAST AVENUE 2 #21-03
-
659920
Yes
-
No
-
-

Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
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
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
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? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC3094B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver IRENE

Number (Phone) +65-93664528
Complement -
Insurance Company Name -
Amount Of Damage -
Amount of property damaged in accident -
Number Of Passenger (Including Driver) 3

PASSENGER 1
Name UNKNOWN
Gender Male

PASSENGER 2
Name UNKNOWN
Gender Male

IMPORTANT NOTICE

SKETCH PLAN

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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.
6. 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.
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 if/for/said.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

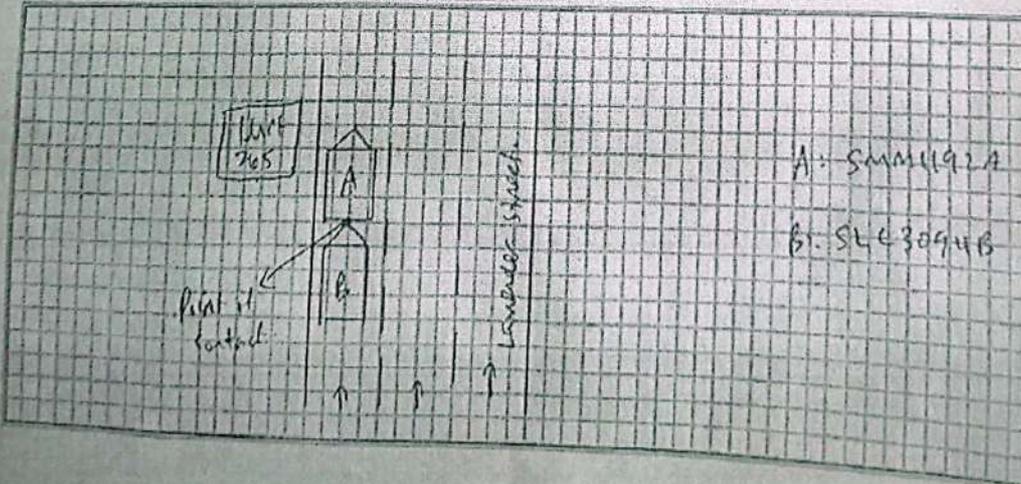
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 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.

[Signature]
 Policyholder's Signature / Date & Time
 28/7/2022
 2:10:00pm

[Signature]
 Driver's Signature (if driver is not the policyholder) / Date & Time
 28/7/2022
 2:10:00pm

[Signature]
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)
 Muhammad Nizam
 R-41123
 993535

Sketch Plan

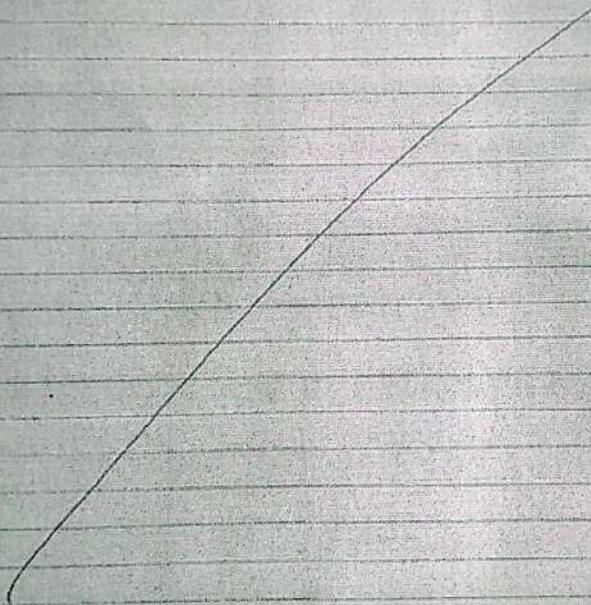


Describe Circumstance of the Accident

On the 27/7/2022 at about 1:20pm, I was driving my car SMM1192A along Laurier street. It was a slow traffic. I was driving in the left most lane.

While driving slowly, suddenly the rear of my car SMM1192A was hit by car SLC30946. The front of car SLC30946 hit the rear of my car SMM1192A.

There were no injuries.



Declaration

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

[Signature] 27/7/22
E 1000hrs
Policyholder's Signature / Date & Time

[Signature] 27/7/22
E 1000hrs
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] Muhammad Wilson
SIN 4115
Witnessed by Reporting Centre Personnel
(Name as in NRIC / ID card) 993555

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