

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	24/08/2022 14:55 (SGT)
Reported by	Driver
Date of Accident	23/08/2022 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION TOH GUAN ROAD TOWARDS CHOA CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5082A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACE @ WORK ENRICHMENT PTE. LTD
Company Reg No	201200122M
Email Address	CYNTHIA@ACEATWORK.COM.SG
Mobile Phone No	(Phone) +65-90606517
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Bus
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5124948264

DRIVER

Name of Driver	LEE CHEE CHONG
NRIC No	S2511200H
Date Of Birth	08/10/1959

Occupation	Outdoor
Date Of Driving Pass	30/03/1979
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90606517
Alt. Phone Number	-
Email Address	CYNTHIA@ACEATWORK.COM.SG
Address	BLK 675 CHOA CHU KANG CRESCENT #06-433
Address complement	-
Postcode	680675
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)	2
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	IRENE LAI KWEE ENG
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

MY VEHICLE WAS STOPPED ALONG THE JUNCTION OF TOH GUAN ROAD ON THE LEFT LANE WAITING FOR THE RED LIGHT AHEAD. ALL OF A SUDDEN, I FELT A GREAT IMPACT AND LOUD BANG COMING FROM THE REAR PORTION OF MY VEHICLE. I THEN ALIGHTED TO CHECK AND REALISED THAT THE TAXI SH7039B BEHIND ME HAD FAILED TO CONTROL TO BRAKE ON TIME AND THUS THE FRONT PORTION OF THE TAXI COLLIDED ONTO THE REAR PORTION OF MY STATIONED VEHICLE CAUSING DAMAGE TO MY VEHICLE

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	SH7093B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KOH KAH TIAN
NRIC No	S1217425Z
Contact Number	(Phone) +65-98169030
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

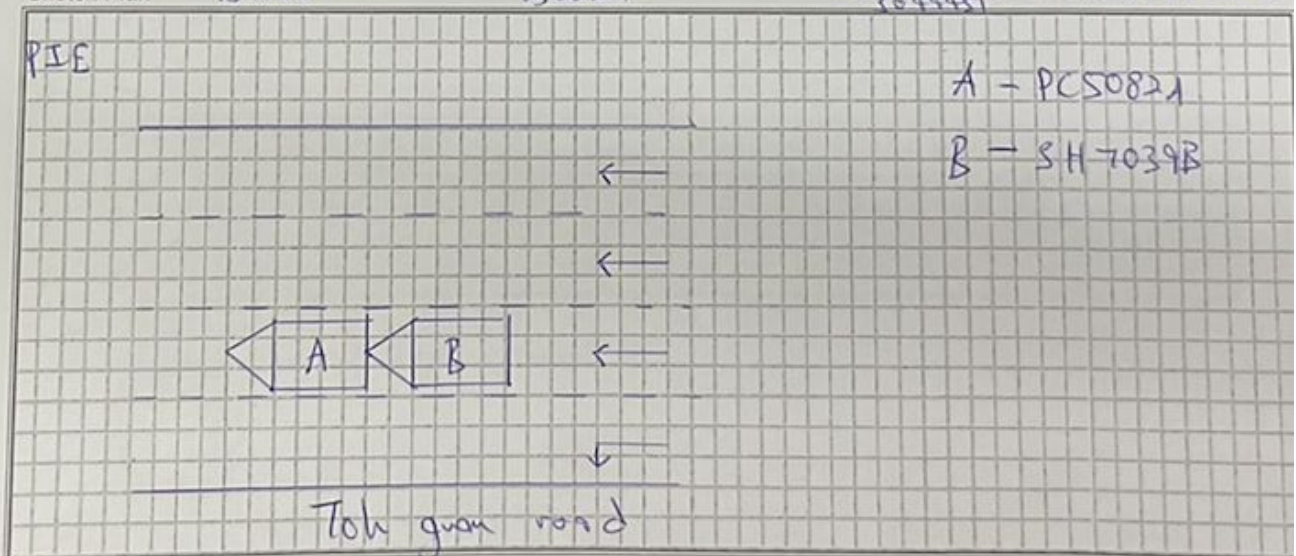
24/08/2022
1500h
Sketch Plan

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

24/08/2022
1500h

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)
Mohammad Yusof Bin Abdul Samad
109999



Describe Circumstance of the Accident

Refer to gears

Declaration

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



Policyholder's Signature / Date & Time

24/08/2022
1500hrs

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

24/08/2022
1500hrs

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

Mohammad Yusoff Bin
Abdul Samad
Sgt 9957

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