

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	29/08/2022 10:39 (SGT)
Reported by	Driver
Date of Accident	27/08/2022 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK NORTH ROAD / BEDOK NORTH AVE 3 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8286C
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHE HONGMEI
NRIC No	S7389998B
Email Address	HONGMEI1228@ICLOUD.COM
Mobile Phone No	(Phone) +65-94882355
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	HYBRID
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	5123462505

DRIVER

Name of Driver	ZHAO HONGWEN
NRIC No	S7555309I
Date Of Birth	22/05/1975
Occupation	Indoor

Date Of Driving Pass	27/02/2015
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92373795
Alt. Phone Number	-
Email Address	ZHAOHW-HR@163.COM
Address	BLK 101B PUNGGOL FIELD #04-478
Address complement	-
Postcode	822101
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	SME346Y
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	LIM JUN XIANG (LIN JUNXIANG)

Contact Number -
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: 29/08/2022 / 10:21

Report No: MT/

D.O.A: 27/08/2022

Time: 17:25 hrs

Vehicle No: SLR8286C

Reporting Type:

SKETCH PLAN

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 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 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' 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.

29/08/22 / 10:21

Policyholder's Signature / Date & Time

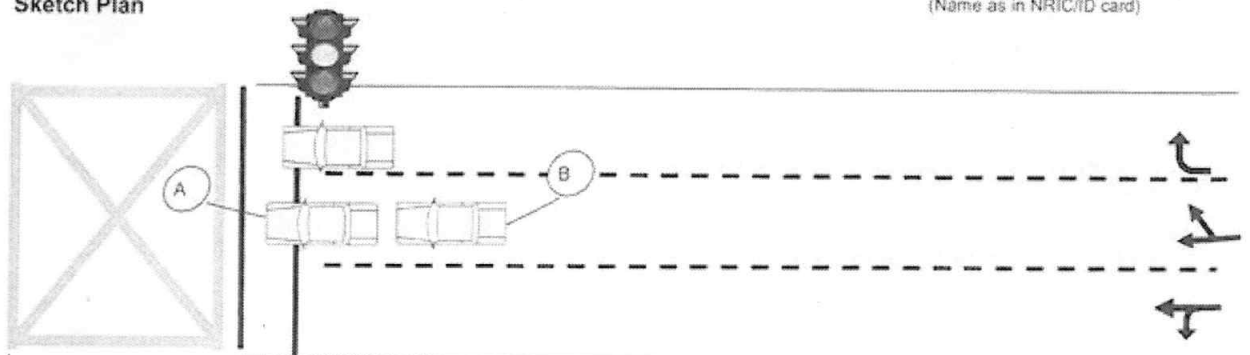
29/08/22 / 10:21

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 BEDOK NORTH ROAD / BEDOK NORTH AVE 3

Vehicle A: SLR8286C

Vehicle B: SME346Y

Describe Circumstances of the Accident

I WAS DRIVING ON THE CENTRE LANE OF BEDOK NORTH ROAD, INTENDING TO TURN RIGHT AHEAD. UPON REACHING THE JUNCTION OF BEDOK NORTH AVE 3, I FEEL THAT ONE VEHICLE ON THE RIGHT LANE INCHING SLIGHTLY TOWARDS MY LANE. I SLOWED DOWN AND SUDDENLY, VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. NO ONE WAS INJURED.

Declaration

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

29/08/22 / 10:21

Policyholder's Signature / Date & Time



29/08/22 / 10:21

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

Chen JunLiang

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