

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 31/08/2022 15:32 (SGT)
Reported by Both
Date of Accident 30/08/2022 17:08 (SGT)
Exact Location of Accident Singapore
Additional Location Information MIDDLE ROAD BEFORE JUNCTION OF NORTH BRIDGE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG315L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG HUI MIN
NRIC No S7800812A
Email Address jesslynang@singtel.com
Mobile Phone No (Phone) +65-98269663
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model RUSH 1.5X A
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1495

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5102980491-03

DRIVER

Name of Driver ANG HUI MIN
NRIC No S7800812A
Date Of Birth 19/01/1978
Occupation Indoor

Date Of Driving Pass	23/11/1998
Driving experience	23 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98269663
Alt. Phone Number	-
Email Address	jesslynang@singtel.com
Address	85 YISHUN AVE 11 #11-32 (S) 768865
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 WITH ATTACH.

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	FILE SIZE TOO LARGE, UNABLE TO UPLOAD

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF364U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	VELAYUTHAM MARIMUTHU

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ANG HUI MIN
Gender	Female
Phone No	(Phone) +65-98269663
Address	85 YISHUN AVE 11 #11-32 (S) 768865
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJG315L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

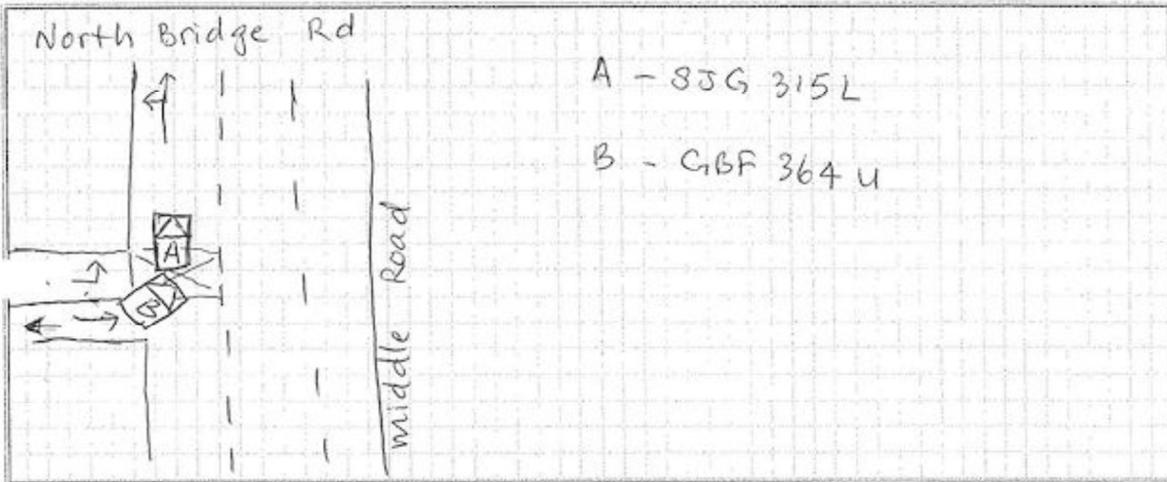
[Handwritten Signature]
 Policyholder's Signature/ Date & Time
 31/08/2022
 2:20pm

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

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



Sketch Plan



Describe Circumstance of the Accident

On the date 30 Aug 2022 time its about 1708 hrs, I drive my car SSG315L along Middle Road toward North-Bridge Road.

When I approaching between 51 Middle Rd and North Bridge Centre, A van GBF364U come out from the small lane without seeing my car at the main Rd and hit my car from the back. (The van came out from the opposite direction - in correct driving direction).

Declaration

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

[Signature] 31/08/2022
2:20 pm

Policyholder's Signature / Date & Time

[Signature]

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



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