SH0K22A80001 / Hup Motor Trading & Service ENTRY DATE & TIME: 08/10/2022 12:32 (SGT) SUBMITTED BY: sandy VERSION: 1 (08/10/2022 12:32 (SGT))



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 witholding 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 08/10/2022 12:32 (SGT) Reported by Both Date of Accident 07/10/2022 17:56 (SGT) **Exact Location of Accident** Near Bef Punggol Road, Singapore Additional Location Information Along T.P.E. Towards S.L.E (Before Punggol Exit) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU4674P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Ho Chee Tuck Patrick NRIC No SXXXX656G **Email Address** mowen1982@gmail.com Mobile Phone No (Phone) +65-92702332 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Jazz 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 1318

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D21MPC0004737 01

DRIVER

Name of Driver Ho Chee Tuck Patrick NRIC No SXXXX656G Date Of Birth 16/07/1982 Occupation Indoor

Date Of Driving Pass 14/10/2006 Driving experience 16 YEARS Gender Male Mobile Number (Phone) +65-92702332 Alt. Phone Number **Email Address** mowen1982@gmail.com Address Blk 106 Simei Street 1 Address complement #06-818 Postcode 520106 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 4 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) 3 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Chen Weiling, Jassica Gender Female PASSENGER 2 Name Jonathan Ho Gender Male 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 Kindly Refer to Sketch Plan Attached. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV8871D
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour '	-
Vehicle Category	Private car
Name of Driver	Lim Rong
Contact Number	(Phone) +65-86569528
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	Vehicle B
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SMK3686P Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	_
Address complement	-
Postcode	
Insurance Company Name	-
	-
Nature Of Damage	-
Details of property damaged in accident	Vehicle C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number Vehicle Manufacturer	SMT9161A Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	_
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	Vehicle D
No. Of Passenger (Including Driver)	-

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.

- 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
- 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 fall 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 imay/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.

V anim 8/10/22

Policyholder's Signature / Date & Time

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

Withessed by Reporting Centre Personnel
(Name as in NRIOID card)

Sketch Plan

(STOPPED)

7. P. E TWAS S. L. E

A: SMY 4674P

B: SKY 88.71D

7

C: SMK 3686P

7

D: SMT9161A

7

DC B A

Describe Circumstance of the Accident		
7+h		
On 8th Oct 2022 at about 5.56pm	along 7PE towards SI	-E ,
was driving on the extreme next	love. The contract	-1
me shipped and I followed and a	mand lated in 1	
vehicle. Suddenly there was a 10 After cheating my family was or,	ud bang from behind	
After checking my family was or	I left the car and	
reglized that there was a total o	1 4 cars involved in	1
the accident . My car was first .	followed by a BMW	
SEV 8871 D. then a white marco	der (m. 3686 0).	4 .0
lastly a grey Honda SMT 9161 A	The damage to the	Con
lastly a grey Honda SMT 9161 A I felt was unsafe to drive so	I sent the car tue	(n)
following day to get a replacement	at for my type port.	
J J J J J J J J J J J J J J J J J J J	the wid bails hour	
		Acres in the con-
		THE SECOND CO.
Management appropriate and propriate and appropriate and appro		
		S. S. T. CONTROL S. C. T. S. C.
		Torre transmissioner
ou had been advised by workshop that in the event that you	Penarting Only	-
sh to claims against your own policy (OD Claims), there is a	Reporting Only Claims OD	- Odmonom.
ourteen (14) days clause whereby the claim must be made	Claims TP	215
thin the stipulated time frame from the day of occurrence.		SE
	Claims OD / TP at other Workshop	

Declaration

i/We declate the foregoing particulars are true in every respect

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

Witnessed by Reporting Centre Personnel (Name as in NRICID card)

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