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 5. Intermitted in product interview in the 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 11/11/2022 18:11 (SGT) Reported by Date of Accident 10/11/2022 19:05 (SGT) Exact Location of Accident Singapore Additional Location Information SENGKANG WAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW8584D

INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner KOR LAI HOCK NRIC No SXXXX541J Email Address korlh852@gmail.com Mobile Phone No (Phone) +65-81238893 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model COROLLA ALTIS STANDARD (AUTO)(2WD) Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto 1598

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5120117245-01

DRIVER

Name of Driver KOR LAI HOCK NRIC No SXXXX541J Date Of Birth 11/10/1957 Occupation Outdoor

Date Of Driving Pass 05/01/1983 Driving experience 39 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-81238893 Alt. Phone Number Email Address korlh852@gmail.com Address BLK 407 YISHUN AVE 6 #05-1292 Address complement Postcode 760407 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 **PASSENGER** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT 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	SLX6439K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO EDRICK
NRIC No	SXXXX254I
Contact Number	(Phone) +65-97286155
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

VEH NO SMW 858430

DATE OF ACC: 10/11/22 7-05pm

INSURER INCLAR

IMPORTANT NOTICE

- 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.
- Information provided must be as truthful and accurate as possible. Any wildul 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.

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 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

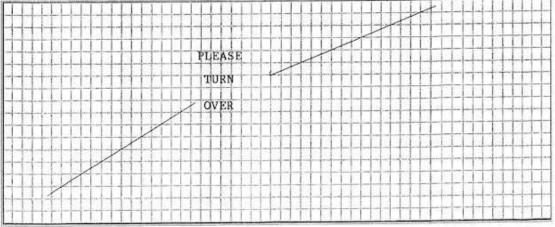
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

Claim under	your Own Com	prehensive policy. F	Is check your policy for	more information.	
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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20221111/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2022 11:49		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
Name of KOR LA	Informant: I HOCK		Address: 407 YISHUN AVENUE 6 #05-1292 SINGAPORE 760		
ID Type / ID No.: NRIC NO / S1245541J			Contact No.: Home/Office:	Mobile: 81238893	
Nationality: SINGAPORE CITIZEN		Email: KORLH852@GMAIL.COM			
Sex: Male	Age: 65	Date of Birth: 11/10/1957	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation:		Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2022 19:05	Type of Location Straight Road
Location: SENGKANG	WAY			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
		Dry Traffic Control: Traffic Light - Work	ing	Traffic Volume: Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMW8584D	Car	TOYOTA	COROLLA ALTIS STANDARD (AUTO)(2W D)	Silver		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221111/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW8584D	NTUC Income Insurance Co-Operative Limited	5120117245-01	15/12/2021	14/12/2022

Details of Perso	n Involved			11000	
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA		
Driver		STATE OF STA			
Name	KOR LAI HOCK	KOR LAI HOCK		ID No.	S1245541J
Related Vehicle	SMW8584D (Car)			Contact N	o. 81238893
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date			NII	_
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

The incident happened along Sengkang way, at about 20 meters from side entrance of Compass Point (pick-up point). I drove forward after picking up my passenger from the pickup point, and on the straight main road at the speed of 6 to 9 km per hour. As I was already on the road, suddenly a car with the number plate SLX6439K turned out from his pickup location and hit on to my car. In actually fact, he should have given way since I was already on the move, and he should ensure that road is clear before he moved out to the main road.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221111/7024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2022 11:49
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168