

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 09/01/2023 09:22 (SGT)
Reported by Both
Date of Accident 07/01/2023 13:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE TOWARDS BRADDELL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY2513Z
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner TOO TEH HSIN
NRIC No SXXXX226J
Email Address tehtoo@gmail.com
Mobile Phone No (Phone) +65-98628256
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model WISH 2.0 AUTO
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1987

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Policy Number / Cover Note Number -

DRIVER

Name of Driver TOO TEH HSIN
NRIC No SXXXX226J
Date Of Birth 04/02/1956
Occupation Indoor

Date Of Driving Pass 05/08/2000
 Driving experience 22 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98628256
 Alt. Phone Number
 Email Address tehtoo@gmail.com
 Address APT BLK 21 JOO SENG ROAD #06-164 (S) 360021
 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 - 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) 4
 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 Male

PASSENGER 2

Name PASSENGER
 Gender Male

PASSENGER 3

Name PASSENGER
 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

REFER WITH ATTACHED.

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
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Commercial vehicle
Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)



IMPORTANT NOTICE**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.**
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")

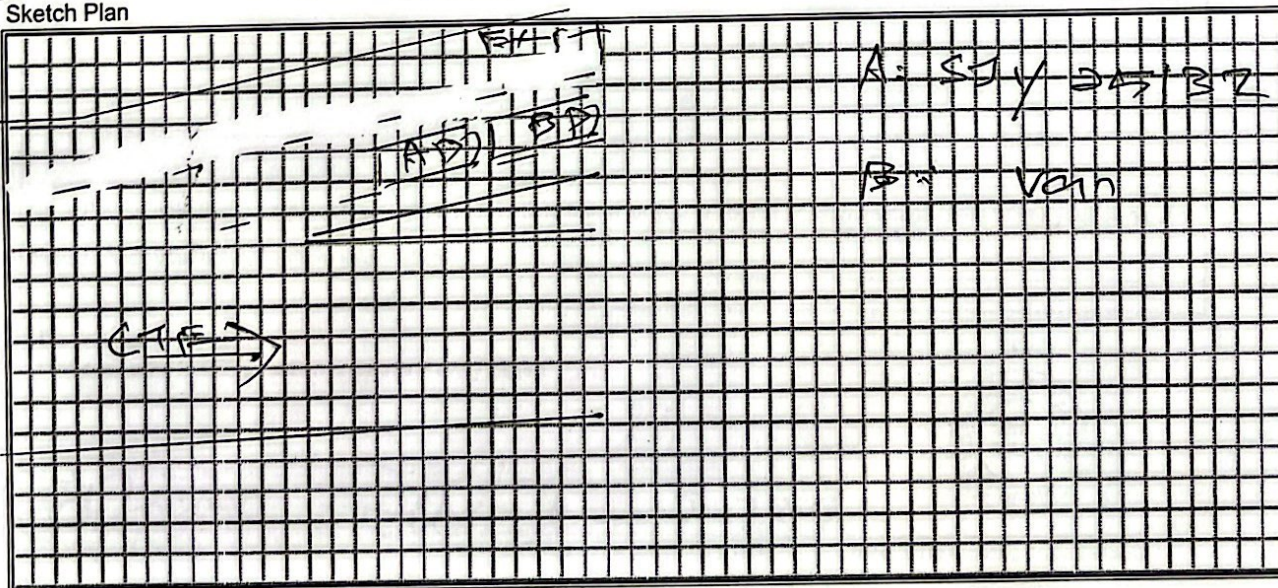
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Lee Hoo
Policyholder's Signature / Date & Time

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


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

Sketch Plan

Describe Circumstance of the Accident

I drove my car S7Y 25132 along CTE
Exit braddell road.

Vehicle in front brake and I also

brake my car. However my car still

roll forward and hit onto the rear

of his Van. After the accident, I

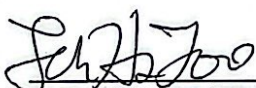
couldn't open my car and not able to

take down his plate number.

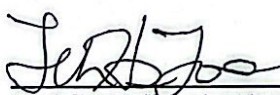
Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy,
please check your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time

 Jan 7, 2023

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

4:21pm



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