YEW TEE AUTOMOBILE TECH PTE LTD

ACCIDENT STATEMENT

Date & Time of Accident	21/2/23 7.50 pm
Exact Location of Accident	Outbound East Cr

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP 1145 D
Name of Registered Owner	
NRIC Number / Co Reg. Number	
Vehicle Make & Model	Shuttle
Exact Purpose for which vehicle was being used at time of accident	Private Use / Work Use / Private Hirer Use
Please state action to be taken for type of insurance claim	Own Damage / (Third Party) / Reporting Only.
Vehicle Category	Private Car / Commercial / (Private Hire) / Others ____
Name of Insurance Company	NTUC
Policy Number	

Particulars of Driver

Name of Driver	Yeo Lian
NRIC Number	S9601521J
Date of Birth	10-2-1996
Date of Driving Pass	30 Jan 2015
Contact Number	9119 2719
Address	
Email:	yeolian2@gmail.com
Relationship of the Driver with the Insured	

Particulars of Accident

Weather Conditions	(Clear) / Raining / Others ____
Road Surface	Wet / (Dry) / Others ____
Was anybody injured in the Accident?	(Yes) / No
Was any other vehicle or property damage?	Yes / No
Number of Passengers (Incl Driver) 1	Name & Gender
	Name & Gender
Was the Accident reported to the Police?	Yes / (No)
Was there any video captured?	(Yes) / No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES

Vehicle Registration Number	QD SF 6393 T
Name of Driver	
NRIC Number	
Contact Number	
Address	
Vehicle Category	Private Car / Commercial / Private Hire / Others ____

Particulars of Witness

Name & Contact Number	

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 Authorised 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. The 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.
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.

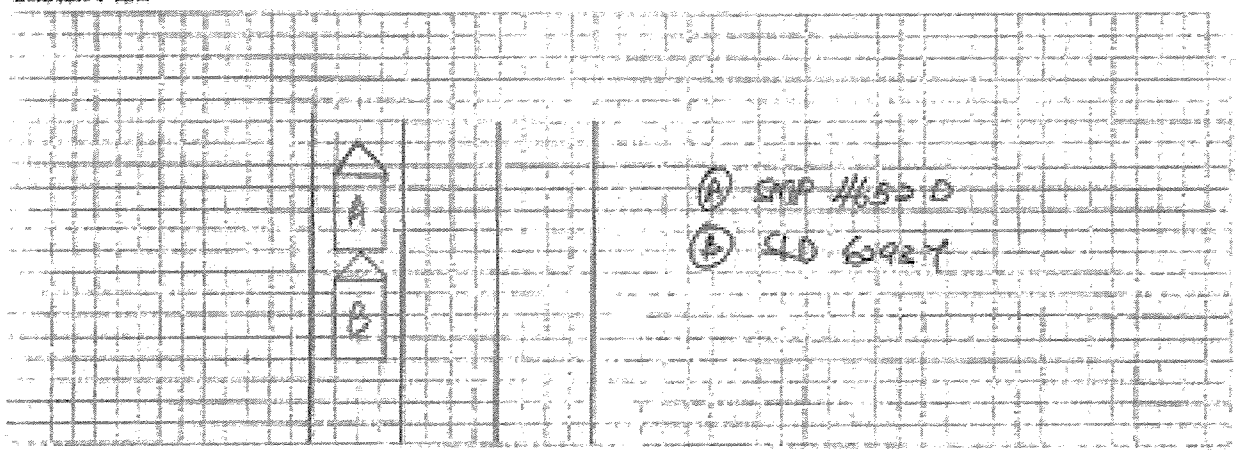
(collectively the "Purposes")

(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	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 21st Feb 2023, 7.50pm, I was driving my car SMP 4652 D along Sengkang East Dr. In front there's a red light traffic and I ~~was~~ slow down my ~~vehicle~~ vehicle to stop suddenly there is a vehicle SLD 6293 T hit into my rear portion.

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel