SH0G232L0001 / Hin Lung Workshop ENTRY DATE & TIME: 21/02/2023 16:25 (SGT) SUBMITTED BY: Ong Gek Suan VERSION: 1 (21/02/2023 16:25 (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.

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   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 21/02/2023 16:25 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/02/2023 13:45 (SGT) Exact Location of Accident Singapore Additional Location Information Redhill Road HDB (Blk 76A) Gantry Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Toyota

1798

Vehicle Registration Number SKU8468R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Peh Keng Hwee (Bai Jinghui) NRIC No S7617403B Email Address khpeh@hotmail.com Mobile Phone No (Phone) +65-81639661 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Prius+ 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 - Reporting only Vehicle Category Private car Transmission Auto

**INSURANCE COMPANY** 

Name of Insurance Company HSBC Life (Singapore) Pte. Ltd Policy Number / Cover Note Number GA530408

DRIVER

CC

Name of Driver Peh Keng Hwee (Bai Jinghui) NRIC No S7617403B Date Of Birth 08/06/1976 Occupation Indoor

Date Of Driving Pass 11/01/2001 Driving experience 22 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-81639661 Alt. Phone Number Email Address khpeh@hotmail.com Address Blk 76A Redhill Road Address complement #09-08 Postcode 151076 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 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 Tan Chye Hong Gender Female PASSENGER 2 Name Peh Xuan Rong Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to sketch plan ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBK5876A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Abdul Talib Bin Bakhtiar Apandi
NRIC No	S8709218F
Contact Number	(Phone) +65-87761287
Address	Blk 675A Yishun Avenue 4
Address complement	#06-756
Postcode	761675
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

### IMPORTANT NOTICE

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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.
- 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' law yers/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
- (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' law yers/law firms, may/are permitted to collect, use, disclose and/on 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 law yers (law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Witnessed by Reporting Centre Personnel

Wendy

Sketch Plan

Jost Saturdo (18 bels 2022) at 1.46 pm, I was at the  HPB Gartry just below DIK 76A Redhills I was nating for the  gantry to open since I was the season parking holder. The gantry  dight open and I prose the intercom to speak to the operator to  request them to open the gartry. In total, we communicate thrice  to the operator but the gartry still dight open. Only the Bouth  time, the operator ask us to severse and we did. However,  Van plate number asks 8 tota mas too close to us and car back  touches its front we step out and deck for damages and there was to  any damage on our car. There isn't any visible damage to their  van (front) as well we arready ask for private settlanort they  agree but they reported us without informing us till we ask them  today for updates (21st feeb 2023). We have massage snapsot and  video to prove our case.
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel



















