

# 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 ..... 29/03/2023 12:51 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 27/03/2023 17:07 (SGT)  
Exact Location of Accident ..... 502 Hougang Ave 8, Singapore 530502  
Additional Location Information ..... CARPARK OF 502 HOUGANG AVENUE 8  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMS4941D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... STEER LLP  
Company Reg No ..... TXXXXX583J  
Email Address ..... elin.cqw@gmail.com  
Mobile Phone No ..... (Phone) +65-86535598  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
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 hire  
Transmission ..... Auto  
CC ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5134240908

### DRIVER

Name of Driver ..... TAN HOO KEONG  
NRIC No ..... SXXXX214Z  
Date Of Birth ..... 06/02/1981  
Occupation ..... Indoor

Date Of Driving Pass .....	10/11/2000
Driving experience .....	22 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86535598
Alt. Phone Number .....	-
Email Address .....	elin.cqw@gmail.com
Address .....	BLK 988B BUANGKOK GREEN
Address complement .....	#05-71
Postcode .....	532988
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Side Swipe
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) .....	1
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 .....	-

#### 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 TO SKETCH PLAN 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 .....	GBL1846H
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) ..... -

SKETCH PLAN

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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.

STEER LLP

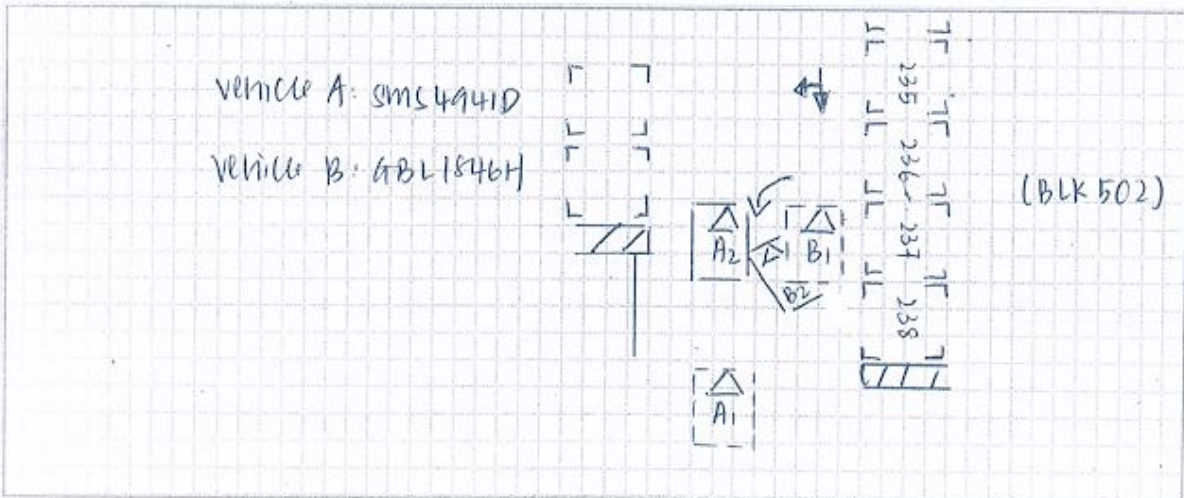
Policyholder's Signature / Date & Time

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

On the stated date and time, I, vehicle A, SMC4441D, was travelling straight when vehicle B, ABL1846H, suddenly swerved and reversed, colliding onto my vehicle's rear right portion.

Declaration

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

STEER LLP

Policyholder's Signature / Date & Time

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

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























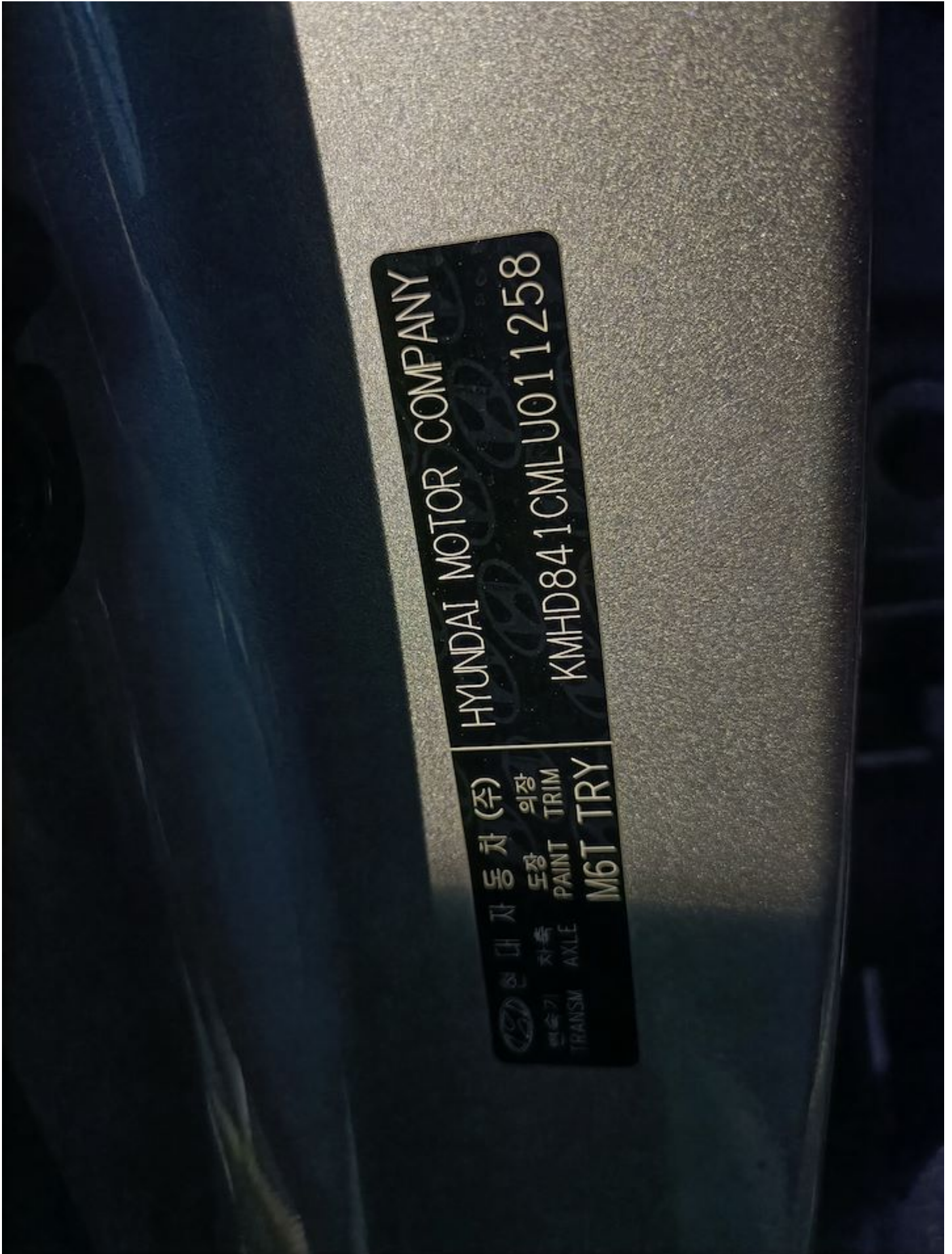


















25. Others

Please provide us your next of kin particulars:

NAME: JASLYN WONG

RELATIONSHIP: SPOUSE

CONTACT NO.: 81289389

Please provide us your bank account details:

ACCOUNT HOLDER'S NAME: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

NOT APPLICABLE

ACCOUNT NO.: \_\_\_\_\_

26. ENTIRE AGREEMENT

This instrument constitutes the entire agreement between The Company and The Sub - Contractor and is irrevocable for its term and for the aggregate rentals reserved above, and it shall not be amended, altered, or changed except by written agreement signed by parties. The Sub - Contractor shall provide The Company with such corporate resolutions, opinions of counsel, financial statements, and other documents as The Company shall request from time to time. If more than one Sub - Contractor is named in this Contract the liability shall be joint and several. Time of the essence of this Contract. Any failure of The Company to require such strict performance by The Sub - Contractor or any waiver by The Company of any provision of The Contract shall not be construed as a consent or wavier of any other breach of the same or any other provision. If any portion of this Contract is deemed to be invalid, it shall not affect the rest of this agreement.

The Sub - Contractor applies to The Company for a Contract of the above-described property for commercial purposes and agrees that this Contract is not to be construed as a consumer contract. If The Company accepts by executing the Contract below, The Sub - Contractor agrees to rent from The Company and The Company agrees to rent to The Sub - Contractor, the vehicle, on all of the terms and conditions of this Contract.

IN WITNESS WHEREOF, the parties hereto have executed this Contract as of the day and year first above written.

I, \_\_\_\_\_, declare I possess valid Singapore driving licence and is not penalised or suspended by the authorities of Singapore Law.

THE COMPANY

Authorized Signature

BOEY 05/04/21

Name And Date



PLEASE SIGN HERE

The Sub - Contractor

Signature

Name And Date

THOMAS TAN 05/04/2021