

## 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	25/04/2023 16:56 (SGT)
Reported by	Actual Driver
Date of Accident	25/04/2023 13:30 (SGT)
Exact Location of Accident	Woodlands, Singapore
Additional Location Information	TWDS SLE (BKE/KJE)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD9436D
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HARVEST CATERING PTE LTD
Company Reg No	200708254K
Email Address	KWEKKEYUAN@GMAIL.COM
Mobile Phone No	(Phone) +65-67551069
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1490

#### INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	MA020613

#### DRIVER

Name of Driver	KWEK KE YUAN
NRIC No	S8011392G
Date Of Birth	14/04/1980
Occupation	Indoor

Date Of Driving Pass .....	29/10/2002
Driving experience .....	20 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91863786
Alt. Phone Number .....	-
Email Address .....	KWEKKEYUAN@GMAIL.COM
Address .....	BLK 347A YISHUN AVE 11 #06-513
Address complement .....	-
Postcode .....	761347
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

I WAS WAITING MAIN ROAD TO CLEAR BEFORE MOVING OFF. SUDDENLY, I FELT AN IMPACT ON MY REAR PORTION. VEHICLE B FAILED TO STOP AND HIT ONTO MY REAR PORTION.

#### 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 .....	SKQ1540G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHIAM HONG LIN

NRIC No .....	S1826877I
Contact Number .....	(Phone) +65-96534054
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	KWEK KE YUAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLD9436D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



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Sin Yu Sin Workshop

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IMPORTANT NOTICE

### SUMMARY

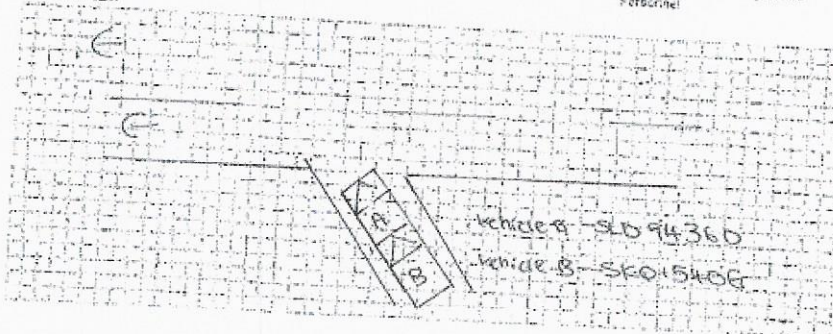
1. Please report promptly the details of the accident in writing up the claims process.
2. This Form must be completed by the Policyholder or the Authorized Person
3. Information provided must be as truthful and accurate as possible. Any intentional misstatement or withholding of material facts may allow Insurers to refuse to settle the claim.
4. The Insurer and acceptance of this Form by the insured does not constitute an assumption of liability on the part of the Insurers.
5. Available information 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 distribution of the report via a dedicated system to interested parties.
7. By the completion of this report to the Insurers, you hereby consent to the inclusion of the report in the database and to copies of the report being made available elsewhere.
8. Consented under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) I, my insurer, my broker and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information as set out in the Terms and any other personal information provided by me or persons named by me to complete this report; and
- (b) I have insured (or am insured) through the "Insured(s)" and disclosure of personal information to all insurance companies is required to be the "Insured(s)". The Insurers have agreed to include in their terms and conditions that they shall be permitted to process my personal data/personal information for the purposes of:
- (i) processing, handling and/or dealing with my claim including the settlement of the claim and any necessary investigations relating to the claim;
- (ii) investigating the accident and/or my claim;
- (iii) carrying out another duty of my Insurers or responding to any enquiries by me;
- (iv) establishing my plans (including the mailing of correspondence, statements, brochures, reports or notices to me which could involve disclosure of certain personal data about me to bring about delivery of the items as well as on the endorsement of my documents pertaining to the claim;
- (v) complying with applicable law in connection with processing, handling and/or dealing with my claims.
- (vi) subject to the "Purpose(s)"
- (vii) of Insurers may have disclosed variable(s) involved in the accident and the Insurers have agreed that, where permitted to collect, use, disclose and/or process my personal information for one or more of the above Purpose(s), and
- (viii) my Personal Information may also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their own personnel) who may be used outside of Singapore, for one or more of the above Purpose(s).


 X  
 BUREAU OF LAND MANAGEMENT  
 DEPARTMENT OF THE INTERIOR  
 WASHINGTON, D.C. 20500

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

Managed by Airport Control  
Personnel

### Sketch Plan



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Describe the circumstances of the Accident

I was waiting main road to clear before moving off.  
Suddenly I felt an impact on my rear portion.  
Vehicle B fail to stop and hit onto my rear  
portion.

Declaration

The data in this report is true in every respect



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Officer / Personnel