

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
-----------------------------------	----------

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	Etika 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

25 Apr 2023 02:42PM Harvest Catering Pte Ltd 67552693

page 1

25 Apr 23 02:24p

Sin Yu Sin Workshop

68163103

p.2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to assist up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misstatement or non-disclosure of material facts may render insurance companies to rescind its policy under the.
4. The truth and accuracy of this Form by insurance companies is not an indication of policy liability on the part of the insurance company.
5. Any false reporting which is 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 the 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 if possible.
8. Consent under the Personal Data Protection Act (PDPA) (understand, arrange, collect, store and document that:
 - (a) the insurer, reinsurer and the General Insurance Association of Singapore ("GIA") may be 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 insurers who have insured vehicle(s) involved in this accident (if insured(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' law y service firm, the Monetary Authority of Singapore and any relevant governmental 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 notified correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to being about delivery of the same as well as on the external cover of envelopes/emails, postmarks and/or;
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims;
 - (vi) all insurers) who have insured vehicle(s) involved in this accident and the insurers' law y service firm, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and
 - (d) my Personal Information may be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law y service firm, who may be based outside of Singapore, for one or more of the above Purpose(s).

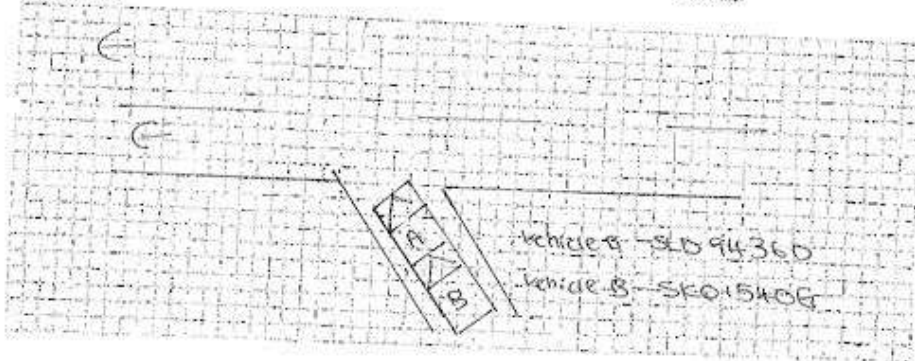


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



25 Apr 2023 02:42PM Harvest Catering Pte Ltd 67552693

page 2

25 Apr 23, 02:24p

Sin Yu Sin Workshop

68163103

p.1

Describe 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 failed to stop and hit onto my rear
portion.

Declaration

I hereby declare that the information provided is true and correct.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Officer / Person(s)