

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	14/04/2023 15:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/03/2023 12:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMMONWEALTH AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP2308H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOSHEA TECHNOLOGIES PTE LTD
Company Reg No	201429422G
Email Address	LEWISLEE.ZG@GMAIL.COM
Mobile Phone No	(Phone) +65-93660701
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Touran
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	2000

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	M0035803

DRIVER

Name of Driver	LEWIS HOSHEA LEE
NRIC No	S8626414E
Date Of Birth	29/08/1986
Occupation	Indoor

Date Of Driving Pass	06/02/2023
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93660701
Alt. Phone Number	-
Email Address	LEWISLEE.ZG@GMAIL.COM
Address	637A PUNGGOL DR #18-427
Address complement	-
Postcode	821637
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWN OF COMPANY
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?	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 AND STATEMENT

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	SJN1534C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

SGP 2308 H

SKETCH PLAN

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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

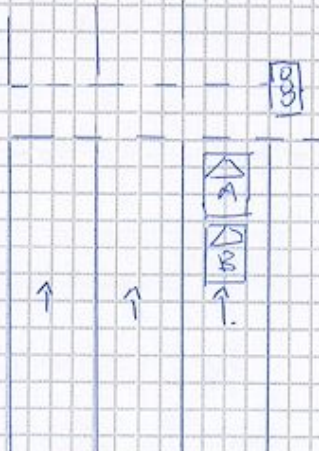
Driver's Signature (if driver is not the policyholder) / Date & Time

14/4/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Vehicle A: SGP2308 H.

Vehicle B: SSN1534 C.



SGP 2308 H

Describe Circumstance of the Accident

ON THE STATED TIME & DATE. ON THE STATED LOCATION, I VEHICLE 'A' SGP2308H WAS TRAVELLING STRAIGHT ON MY LANE. WHEN THE VEHICLE INFRONT OF ME STARTED TO SLOW DOWN, I BREAK AND SLOWED DOWN AS WELL, BUT VEHICLE 'B' SJN1534C DID NOT MANAGE TO STOP IN TIME AND REAR ENDED ME. THE OTHER PARTY REQUESTED FOR PRIVATE SETTLEMENT, BUT AFTER SEVERAL WEEKS HE REJECTED PRIVATE SETTLEMENT AND ASK FOR TO GO FOR INSURANCE CLAIM INSTEAD.

Declaration

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

X **Hoshea**
TECHNOLOGIES

Policyholder's Signature / Date & Time

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

14/4/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)