

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	06/06/2023 09:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/06/2023 13:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TELOK BLANGAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3328Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE TZE BING
NRIC No	S1822177B
Email Address	thana@jackcars.com.sg
Mobile Phone No	(Phone) +65-90063328
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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 car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23P00076200

DRIVER

Name of Driver	LEE TZE BING
NRIC No	S1822177B
Date Of Birth	05/03/1967
Occupation	Outdoor

Date Of Driving Pass	20/06/1986
Driving experience	37 YEARS
Gender	Male
Mobile Number	(Phone) +65-90063328
Alt. Phone Number	-
Email Address	thana@jackcars.com.sg
Address	571 UPPER SERANGOON ROAD
Address complement	#10 - 05
Postcode	534798
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	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 ATTACHEMENT

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	XE5533K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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**IMPORTANT NOTICE**

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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.

Policyholder's Signature

Date & Time : 1/6/2023 5pm

Sketch Plan

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

Date & Time :

JACK CARS ENTERPRISE PTE LTD
BLK 3007 UBI ROAD 1
#01-448/450
Witnessed by Reporting Centre
SINGAPORE 408701
Personnel
TEL: 6748 8824 FAX: 6748 8834

REFER TO ANNEX A

Describe Circumstances of the Accident

Describe Circumstances of the Accident

DATE: 1st JUNE 2023

TIME: 1:35 PM

LOCATION: Telok Blangah Road

VEHICLES INVOLVED:

VEHICLE A: SLW3328Y

VEHICLE B: XE5533K (Lorry)

VEHICLE C:

VEHICLE D:

NO. OF PASSENGERS: Alone

CIRCUMSTANCES OF ACCIDENT:

I, Lee Tze Bing, NRIC: S1822177B was driving my vehicle SLW3328Y indicated as Vehicle A, was traveling on Telok Blangah Road @ 13:35 hrs. As I was traveling on the said road, was on the outer lane of the 2 lane road, which is also a merging lane ahead, as my intention was to ~~not~~ travel towards MCE J. I drove on and suddenly I felt a bang on my rear and I was hit, hence we stopped and I took the vehicle number (XE5533K Vehicle B) and he ask for compensation knowing that I was not in the wrong cause he hit me from the rear right side of my vehicle. I just told him I will report the accident and file a claim against Vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____

Date & Time: 1/6/2023

5pm.

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

Date & Time :

JACK CARS ENTERPRISE PTE LTD
BLK 3007 UBI ROAD 1
#01-448/450/452
Singapore Sports Centre
SINGAPORE 408701
TEL: 6748 8824 FAX: 6748 8834





