

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	26/06/2023 14:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/06/2023 09:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER EAAST COAST ROAD & JALAN TUOKONG JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5087G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LE TRIEU HAI NAM
NRIC No	SXXXX306B
Email Address	NAM.DAVID.LE@GMAIL.COM
Mobile Phone No	(Phone) +65-97451729
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stepwagon
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1840

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23A00012200

DRIVER

Name of Driver	LE TRIEU HAI NAM
NRIC No	SXXXX306B
Date Of Birth	11/03/1990
Occupation	Outdoor

Date Of Driving Pass	18/02/2009
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97451729
Alt. Phone Number	-
Email Address	NAM.DAVID.LE@GMAIL.COM
Address	68 MARINE PARADE ROAD
Address complement	#02-17 COTE D'AZUR
Postcode	449301
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 - Major/Minor Rd
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)	5
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	-

PASSENGER 1

Name	PASSENGER 1
Gender	Male

PASSENGER 2

Name	PASSENGER 2
Gender	Male

PASSENGER 3

Name	PASSENGER 3
Gender	Female

PASSENGER 4

Name	PASSENGER 4
Gender	Female

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 ATTACHMENT

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ER6336M
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) -

SKETCH PLAN

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- II 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 making 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.

JACK CARS ENTERPRISE PTE LTD
BLK 3007 UBI ROAD 1
#01-448 / 450 / 452
SINGAPORE 408701
TEL: 6748 8624 FAX: 6748 8834

Policyholder's Signature: _____ Date & Time: 26/6/2023 @ 1000HRS
Driver's Signature (if driver is not the policyholder): _____ Date & Time: _____

Sketch Plan
CAR A - SKIS537G
CAR B - ER033CM

UPPER EAST COAST ROAD

SKETCH PLAN



Describe Circumstances of the Accident

DATE: 29-6-23	
TIME: 1:35 AM APPROXIMATELY	
LOCATION: JUNCTION BETWEEN UPPER EAST COAST ROAD & TIAN TIAKONG	
VEHICLES INVOLVED:	
VEHICLE A: SKT 50870	VEHICLE B: ER636M
VEHICLE C:	VEHICLE D:
NO. OF PASSENGERS: 4	
CIRCUMSTANCES OF ACCIDENT:	
<p>I, driver of SKT50870 was turning ^{to the right} out from Jalan Tian Kong To the best of my ability, I checked the crossing traffic on Upper East Coast Road and determined that there was no crossing car. After making my turn from Jalan Tian Kong into Upper East Coast Road, upon seeing at the yellow bus, a white car with plate number ER636M made a sudden right turn from Upper East Coast Road into Jalan Tian Kong. My car and the other party's car collided. My car's right front collided with ER636M's rear right door/corner. We were in the middle of the road so the two cars had to move out. The two drivers then exchanged details and took photos of each other's vehicles. We also drafted a statement of the accident and signed.</p>	


Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature
Date & Time:

26/6/2023
@ 1000 HRS


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 408701

TEL: 6748-8824 FAX: 6748-8834

Witnessed by Reporting Centre
Personne























