

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 First Submission	13/08/2024 11:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/08/2024 08:43 (SGT)
Exact Location of Accident	Near 712A Upper Changi Rd E, Singapore 486843
Additional Location Information	ALONG UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9806H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEOW KOK WAH THOMAS
NRIC No	SXXXX948H
Email Address	ADVENTURE.T888@GMAIL.COM
Mobile Phone No	(Phone) +65-94746464
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	MERCEDES BENZ
Model	C 180 KOMPRESSOR
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	1597
Vehicle Fuel	Petrol
First Registration Date	04/05/2012
Chassis no	WDD2040452A691423
Effective Date/Time of Ownership	22/09/2018 01:09 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5104068952-05

DRIVER

Name of Driver	LEOW KOK WAH THOMAS
NRIC No	SXXXX948H
Date Of Birth	19/05/1952
Occupation	Indoor
Driving Pass Date	20/07/1982
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94746464
Alt. Phone Number	-
Email Address	ADVENTURE.T888@GMAIL.COM
Address	BLK 243 PASIR RIS STREET 21 10-105 SINGAPORE 510243
Address complement	-
Postcode	5510243
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)	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

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG UPPER CHANGI ROAD EAST (NEAR LAMP POST 80R6). TRAFFIC WAS HEAVY. AS I WAS TRAVELLING STRAIGHT, SUDDENLY A TAXI, VEHICLE SHB285P, DASHED OUT FROM MY RIGHT AND COLLIDED ONTO THE FRONT RIGHT HAND PORTION OF MY VEHICLE. I CAME DOWN TO ECHANGE PERTICULARS AND TOOK SOME PHOTOS. THE EXIT OF THE ROAD THE TAXI WAS ON HAD A STOP LINE.

ATTACHMENT(S)

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	SHB285P
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	WONG HENG LIAN
NRIC No	SXXXX996G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

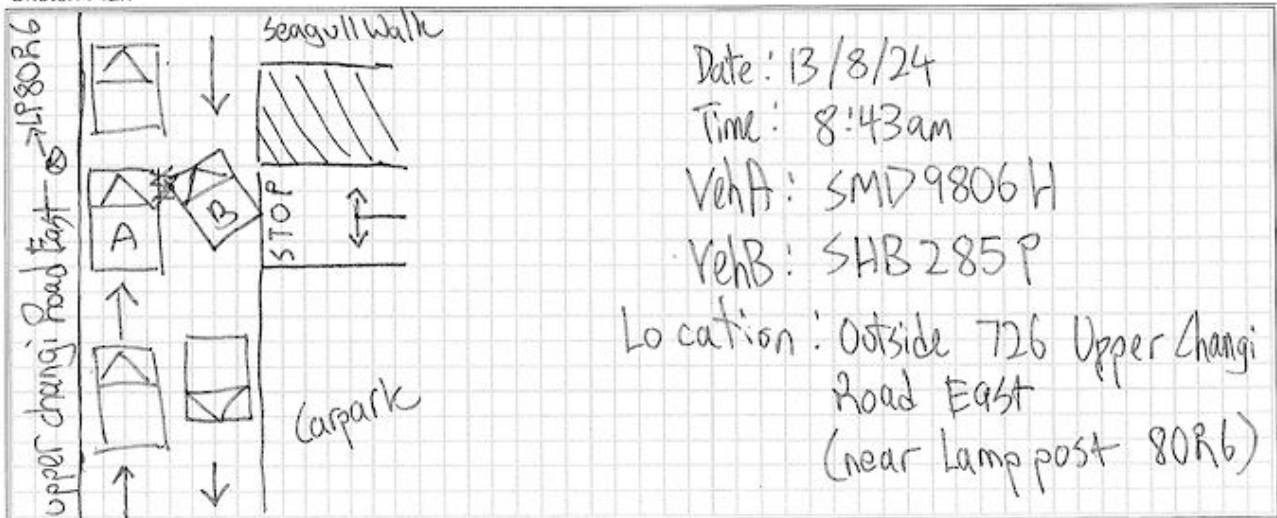
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



Date: 13/8/24
Time: 8:43am
VehA: SMD 9806 H
VehB: SHB 285 P
Location: Outside 726 Upper Changi Road East (near lamp post 806)

Describe Circumstance of the Accident

REFER TO GIA REPORT

On the stated date & time, I was travelling straight along Upper Changi Road East (near Lamp post 80R6).

Traffic was heavy.

As I was travelling straight, suddenly a taxi, Veh B, SHB 285P, dashed out from my right and collided onto the front right hand portion of my vehicle.

I came down to exchange particulars and took some photos.

The exit of the road the taxi was on had a stop line.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only

Claim OD

Claim TP

☒ Claim OD/TP at other workshop

Declaration

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



Policyholder's Signature / Date & Time

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




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















