

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both  
Date of Accident: 15. 08. 2024  
Time of Accident: 1530 (AM) (PM)  
Location of Accident: Along B11C 3020, Ubi Ave 2, open carpark  
Country/State of Loss: Singapore  
Type of Accident: Head - Rew  
Weather Condition: Clear / Raining Road Surface: Dry / Wet  
If Not in List, please specify \_\_\_\_\_  
Are you claiming under your own insurance policy for repair to your vehicle? Yes / No  
If No, please state action to be taken Third Party / Reporting Only  
Was any foreign vehicle involved in accident? Yes / No  
If yes, please state Vehicle No & Vehicle Type: \_\_\_\_\_  
No. of vehicles Involved in the accident (include own vehicle) 2  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No  
Was the accident reported to the police? Yes / No  
If yes, police station name: \_\_\_\_\_  
Was notice of Prosecution given? Yes / No  
If yes, against whom? \_\_\_\_\_

Files

Are accident photos available for attachment? Yes / No  
Was there any video captured? Yes / No  
Was there any audio captured? Yes / No

**Details of Own Vehicle**

Vehicle Registration No: SN4 1660 1c  
Vehicle Category: Matchback  
Vehicle Manufacturer: Honda Vehicle Model: Fit  
Transmission: Manual   Auto Cc: 1300

Exact purpose for which vehicle was being used at the time of accident:

Private Hire   Private Use  Employment

No. of passengers (including driver) 01 Driver, 01 Passenger  
Passenger Name: Felicia Santoso 88376640 I  
Gender: Male   Female  
Passenger Name: \_\_\_\_\_  
Gender: Male / Female

**Own Vehicle Policy**

Handling Insurer: Incom  
Coverage Type: ACT /  Comprehensive / Third Party / Third Party, Fire & Theft  
Fleet Policy: Yes /  No  
Registered Owner Name: Felicia Santoso  
ID Type: UEN  /  NRIC /  Passport or FIN /  Work Permit  
Registered Owner ID: S 8376640 I  
Email: Santoso.felicia@gmail.com  
Mobile No: 9189 9664  
Alt. No Type: Home / Office / Not in List  
If Not in List, please specify \_\_\_\_\_  
Owner Alt Phone No: \_\_\_\_\_

Driver's Information

Is the driver the policy holder? Yes  No

Name of Driver: BONG ENG LIM

Gender:  Male / Female

ID Type:  NRIC / Passport or FIN / Work Permit

Driver's ID: S 856792211

Date of Birth: 09.10.1985

Driving Pass Date: 22.12.2021

Mobile No: 96643727

Email: santoso.felicia@gmail.com

Address 1: Blk 26B, Jalan Membina, #27-194

Address 2: \_\_\_\_\_ Postal Code: 165026

Occupation: Indoor  Outdoor

Driver Owner Relationship: Spouse

Does Driver own other vehicles? Yes  No

If yes, please provide Vehicle Registration No: \_\_\_\_\_

Handling Insurer: \_\_\_\_\_

TP Vehicle or Property

Was there any other vehicle or property damaged?  Yes / No

If yes, please provide:

(i) Vehicle Registration No: SCE 812 L

(ii) Vehicle Category: Hatchback

(iii) No. of passengers (including driver) 01 driver only

Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Male / Female

**Translation**

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: \_\_\_\_\_

ID Type: NRIC / Passport or FIN / Work Permit

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: \_\_\_\_\_

Please attach the following documents:

- Original report in original language
- Translated report to English

**Injured Person's Details**

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: BONG ZING LIM (one day MC)

(ii) Gender: Male / Female

(iii) Injured Person in which Vehicle? SNG 1660 k

(iv) Full Address: Blk 26 B, Jalan membina

A 27 - 194, S (165026)

**Witness Details**

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: \_\_\_\_\_

Witness Contact: \_\_\_\_\_

SKETCH PLAN

**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 Authorised 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

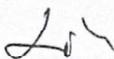
(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(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

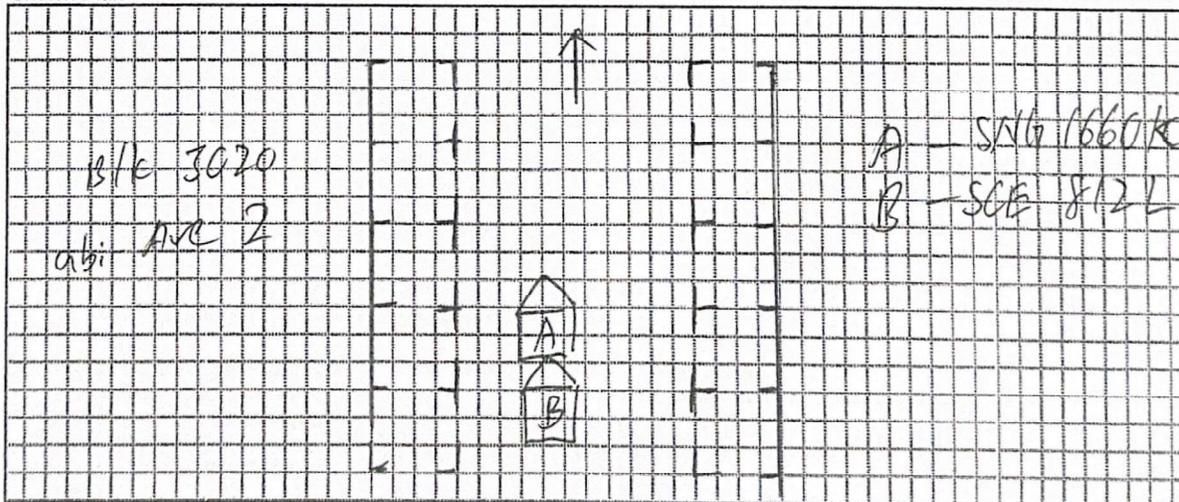
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

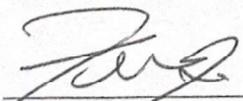


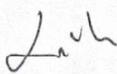
Describe Circumstance of the Accident

on 15.08.2024, at about 1530, I was travelling straight along blc 3020, ubi Ave 2 open carpark. Due to a car coming out of carpark lot, I slowed down and stopped. Suddenly vehicle SC6 812L failed to slow down and stopped, causing the collision and damages to the rear portion of my vehicle S/N 16601C.

Declaration

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

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel