

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	10/06/2024 12:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/06/2024 03:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN3379Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DE COSTA FRANCESCA ANNE
NRIC No	TXXXX774J
Email Address	frandcosta2001@gmail.com
Mobile Phone No	(Phone) +65-98428422
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	KICKS
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5141285462

DRIVER

Name of Driver	DE COSTA FRANCESCA ANNE
NRIC No	TXXXX774J
Date Of Birth	03/12/2001
Occupation	Indoor

Driving Pass Date	24/04/2021
Driving experience	3 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98428422
Alt. Phone Number	-
Email Address	frandcosta2001@gmail.com
Address	BLK 101 BEDOK NORTH AVENUE 4 #07-1970
Address complement	-
Postcode	460101
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)	2
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	CHEW KIA HOANG JOHANSSON
Gender	Male

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

SEE ATTACHED SKETCH PLAN, PHOTO AND VIDEO FOOTAGE

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	SLC304R
Vehicle Manufacturer	Ssangyong
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Private hire
Name of Driver	CHU SIEW HENG
NRIC No	SXXXX407C
Contact Number	(Phone) +65-89212633
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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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.

DE COSTA FRANCESCA ANNE

Policyholder's Signature / Date & Time
10.06.2024 12:29 PM
Sketch Plan

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

ELMER M. ALFONSO

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) GXXXX824L

A: SNN3379Z	LOCATION: PAYA LEBAR ROAD
B: SLC304R	

Describe Circumstance of the Accident

WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN SUDDENLY THE VEHICLE
"B" HIT MY REAR PORTION OF MY VEHICLE "A".

Declaration

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

DE COSTA FRANCESCA ANNE

Policyholder's Signature / Date & Time

10.06.2024 12:29 PM

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

REVOLUTION INDUSTRIAL PTE LTD
400, ROAD 4
SINGAPORE 110433
6790 9666 / FAX: 6846 7483

ELMER M. ALFONSO

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

GXXXX824L