

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	03/09/2024 14:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/09/2024 15:00 (SGT)
Exact Location of Accident	Bishan Rd, Singapore
Additional Location Information	TURNING INTO BISHAN ST 21 TOWARDS JLN PEMIMPIN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8637K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SU SHIN SHERRY (LIN SHUXIN SHERRY)
NRIC No	SXXXX569C
Email Address	sslim3@gmail.com
Mobile Phone No	(Phone) +65-96473320
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5138080604

DRIVER

Name of Driver	LIM SU SHIN SHERRY (LIN SHUXIN SHERRY)
NRIC No	SXXXX569C
Date Of Birth	02/09/1980
Occupation	Indoor
Driving Pass Date	04/02/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96473320
Alt. Phone Number	-
Email Address	sslim3@gmail.com
Address	557 UPPER THOMSON ROAD
Address complement	#02-13
Postcode	574418
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	Side Swipe
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)	3
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	KOH JOO NOI
Gender	Female

PASSENGER 2

Name	MYINT MYINT WIN
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 ATTACHED SKETCH PLANS

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH DRIVER'S WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	YP9466A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AROKIYASAMY S/O CHELLAIYYA
NRIC No	SXXXX774F
Contact Number	(Phone) +65-96408847
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

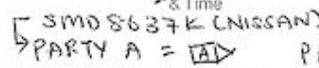


IMPORTANT NOTICE

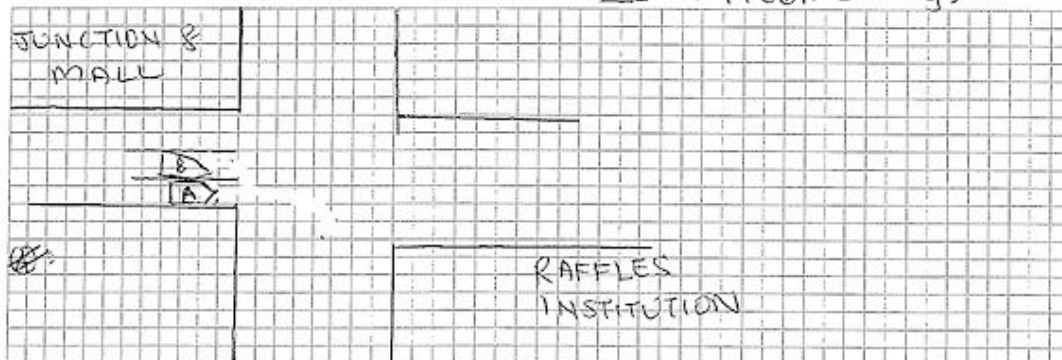
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


SHERRYN LIM
Policyholder's Signature / Date & Time


SHERRYN LIM
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan  5MD5637K (NISSAN)
PARTY A =  PARTY B =  YP9466A (Lorry)



Describe Circumstances of the Accident

INCIDENT : X-JUNCTION OF BISHAN ROAD TURNING INTO BISHAN ST 31
 TIME OF INCIDENT : ABOUT 3 PM ON 2 SEPTEMBER 2024
 PARTY (A) : SMD 8637K (NISSAN SYLPHY 1.6)
 (B) : YP 9466A (LORRY)

PARTY A was waiting at the x-junction of Bishan Road with the intention to turn right into Bishan St 31 towards Jalan Pemimpin.
 PARTY A was waiting in the right-most lane at Bishan Road x-junction.

When the traffic light turned green, Party A slowly inched forward towards on Bishan Road towards the right turning when suddenly a loud scratching noise from Party B was heard on Party A's front left passenger side, before the right turning box.

Party B's driver thereafter stopped and apologise to Party A's driver, producing his driver's licence, NRIC, contact number, telling/saying to let the insurer handle this incident matter, and drove off immediately.

PARTY B DETAILS ARE NOW PRESENTED:

(A) DRIVERS LICENCE

(B) NRIC

(C) CONTACT NO: SP MUTHIAH & SONS PTE LTD

9 KAKI BUKIT RD 1, #03-06 EUNOS TECHNOLOGY SINGAPORE 415938

TEL: 62425429 EMAIL: sales@spmuthiah.com

☐ Claim OD ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :


Email address :


Myself email :


Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

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























