



# 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	09/09/2024 09:37 (SGT)
Reported by	Actual Driver
Date of Accident	07/09/2024 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	109 CLEMENTI ROAD CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6918G
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHOU BENG
NRIC No	S2170474A
Email Address	PHIL.TAN8@GMAIL.COM
Mobile Phone No	(Phone) +65-93807712
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	2000
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	5137913140-01

### DRIVER

Name of Driver  
NRIC No  
Date Of Birth  
Occupation  
Driving Pass Date  
Driving License Pass Class  
Driving License Validity  
Driving experience  
Gender  
Mobile Number  
Alt. Phone Number  
Email Address  
Address  
Address complement  
Postcode  
Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

QUAH JEE MOY  
S1384399F  
09/05/1959  
Outdoor  
05/01/1983  
3  
Valid  
41 YEARS AND 8 MONTHS  
Female  
(Phone) +65-96331063  
-  
JENNIFERQUAH@PEARSON-RELO.COM  
1 JALAN ANAK BUKIT  
06-14  
588996  
No  
Spouse  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface  
Hit and run / Vandalism / Damaged whilst parked  
Clear  
Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
Number of vehicles involved in the accident  
Was anybody injured in the Accident?  
Was any injured conveyed to hospital by ambulance?  
Was any other vehicle or property damaged?  
Number of Passengers (Including Driver)  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  
Translator's name  
Translator's ID  
Translator's phone number  
Translator's email  
Original language used in the statement  
No  
2  
No  
-  
Yes  
1  
No  
-  
-  
-  
-  
-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
Was notice of intended Prosecution given?  
If yes, against whom?  
No  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

MY VEHICLE WAS PARKED IN THE PARKING LOT AND I WANTED TO MOVE OUT BUT VEHICLE GBG8938G WAS BLOCKING MY WAY. I MANAGED TO GET THE DRIVER TO MOVE HIS VEHICLE BUT NOT KNOWING THAT HIS REAR DOOR WAS NOT LOCK, HE MOVE FORWARD AND THE REAR DOOR SWING OPEN AND HIT ONTO MY FRONT LEFT.

#### ATTACHMENT(S)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Reasons for not uploading a video of the accident  
Yes  
Yes  
FILE TOO BIG. MOTORVIDEO@INCOME.COM.SG

Vehicle Registration Number  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour  
Vehicle Category  
Name of Driver  
Work Permit No  
Contact Number  
Address  
Address complement  
Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

GBG8938G  
-  
-  
-  
-  
Commercial vehicle  
HUANG PENGZHEN  
G2809399W  
(Phone) +65-88064820  
-  
-  
-  
-  
-  
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# **IMPORTANT NOTICE**

## **SKETCH PLAN**

1. Please report correctly the details of the accident to speed up the claims process.
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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' 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

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

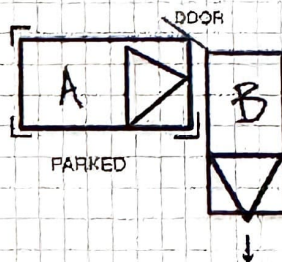
09/09/24@0855HRS

MUHAMMAD FADLY SUKIMAN

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

Sketch Plan

A: SLQ6918G  
B: GBG8938G

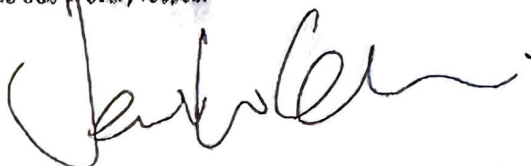


Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



MUHAMMAD FADLY SUKIMAN

Policyholder's Signature / Date & Time

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

09/09/24 @ 0855HRS

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