

## 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 .....	04/10/2024 17:43 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	07/09/2024 23:31 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	S'PORE WOODLANDS CHECKPOINT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNA5243L
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JOAN CHUA HUI MIN
NRIC No .....	S9921559C
Email Address .....	JOANCHUAHUIMIN@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90526314
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	VEZEL 1.5X CVT
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 .....	1496
Vehicle Fuel .....	Petrol
First Registration Date .....	28/06/2021
Chassis no .....	RU11320294
Effective Date/Time of Ownership .....	24/04/2024 05:04 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5144907072

#### DRIVER

Name of Driver .....	JOAN CHUA HUI MIN
NRIC No .....	S9921559C
Date Of Birth .....	01/07/1999
Occupation .....	Indoor
Driving Pass Date .....	18/07/2023
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	1 YEAR AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90526314
Alt. Phone Number .....	-
Email Address .....	JOANCHUAHUIMIN@GMAIL.COM
Address .....	BLK 765 WOODLANDS CIRCLE 11-362 SINGAPORE 730765
Address complement .....	-
Postcode .....	-
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) .....	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 .....	BOYFRIEND
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

#### REFER TO STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLS9698K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
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

VEH NO. SNA 5243L  
INSURER Mcome  
DATE OF ACC 07/09/24 @ 2331


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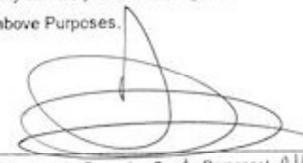
**8. Consent under the Personal Data Protection Act (PDPA)**

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.

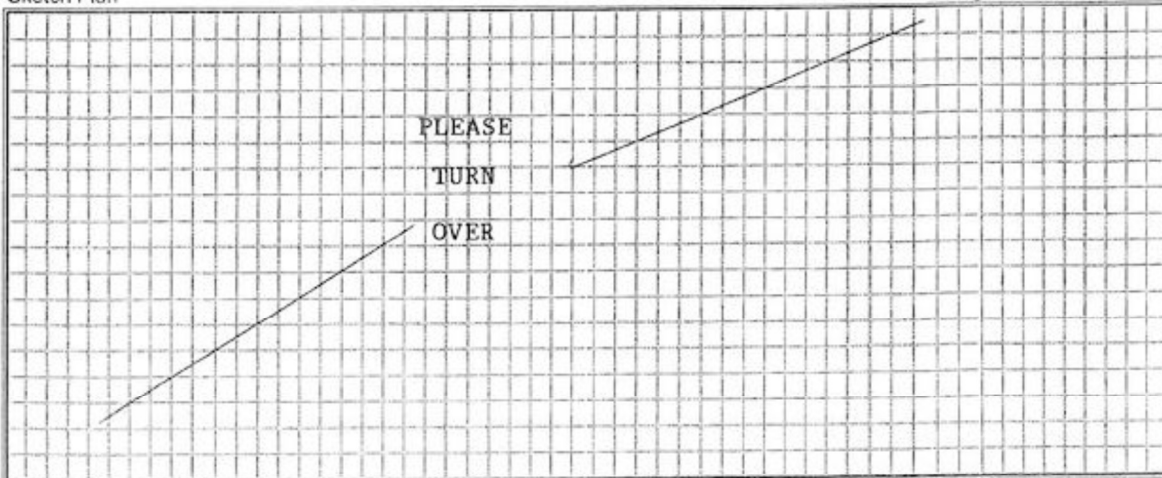
 4/10/2024  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) MYN115 04/10/24 ✓

**Sketch Plan**

PLEASE  
TURN  
OVER



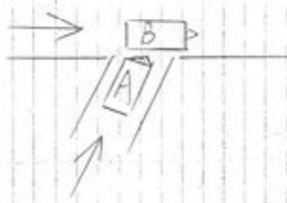
Describe Circumstance of the Accident

\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ☒ ) Reporting Only

( ) Claim OD/ TP at other workshop ( )

Sketch Plan



A: SNA 5243L  
(w bf).

B: SLS 9698K  
(alone)

Location: Singapore  
Woodlands  
Checkpoint

Vehicle No: SNA 5243L (Income)

Date & Time: 07/09/2024 @ 2331 (clear/dry)


After passport clearance, i drive up and stop to look out for oncoming vehicles on the left. Next thing i knew was, driver of SLS9698K came down and claimed that my vehicle have grazed onto the rear right of his car which i have no idea of any impact caused. He claimed the front left grazed mark on my vehicle was due to the impact which i couldn't agreed on as it was already there since 22/07/24 which i have a screenshot of (as per attached). Thinking nothing caused thus no report was filed until i received a letter from my insurer and i have my passport record to show that i was out of sg for a few times before today reporting.

Declaration

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

 4/10/2024  
Policyholder's Signature / Date & Time

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

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































