SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 14/08/2024 12:14 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 14/08/2024 08:30 (SGT) Exact Location of Accident Singapore Additional Location Information AT ALONG PIE TOWARDS CHANGI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFD555Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **LIM SIEW MIOW** NRIC No S7533915A Email Address JOEWELLE182@GMAIL.COM Mobile Phone No (Phone) +65-81886810 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model 116D 5DR HATCH DSC LED Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto 1496 Vehicle Fuel Diesel First Regisration Date 27/02/2017 Chassis no WBA1V720305G86422 Effective Date/Time of Ownership 30/10/2021 02:10 (SGT)

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5142666523

Name of Driver	LIM SIEW MIOW
NRIC No	S7533915A
Date Of Birth Occupation	09/11/1975
Driving Pass Date	Indoor 08/04/2015
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	9 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81886810
Alt. Phone Number Email Address	- IOEMELLEAGO COMAIL COM
Address	JOEWELLE182@GMAIL.COM BLK 111 VERDE CRESCENT - SINGAPORE 688455
Address complement	BLK 111 VERDE CRESCENT - SINGAPORE 088455
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	<u>.</u>
missiance company or care. Comou comou sy 2 me.	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Callisian Head to Dear
Weather Conditions	Collision - Head to Rear Raining
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	Na
Number of vehicles involved in the accident	No 2
Was anybody injured in the Accident?	Z No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance? Translator's name	No
Translator's ID	
Translator's phone number	
Translator's email	
Original language used in the statement	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
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CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Vaa
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes
vido ancio any vidoo captared by Oar Oamera:	No
DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

SGZ6367H

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)	_

SKETCH PLAN

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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

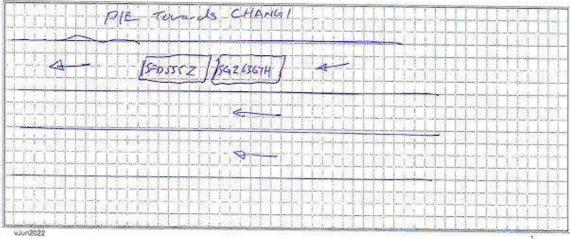
(c) xfy Personal Intophation may/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (fictuding their lave ers faw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

cyholder's Signature / Date & Fime

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

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

Sketch Plan



Date Of Accident :	14/8/nf
Time :	14/8/nf.
Location :	Along PIE expressiony (Poa Payoh)
Vehicles Involved	
	SFD 5552 and SG26367H SPO 5552 Vehicle B: SG26367H
Vehicle C :	Vehicle D :
	venice b.
Circumstances of the	Accident :
Vehicle B	Sumped Into my vehicle
As I drive	Bunged into my vehicle. only PIE, vehicle SG2 0367H hit my men the rear.
Vehicle An	en the rear.
	601
	W W
Declaration /	
	particulars are true in every respect.
	articulars are true in every respect.
	narticulars are true in every respect.
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	40/24

