# **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 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.

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   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 23/10/2024 09:00 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 22/10/2024 13:35 (SGT) Exact Location of Accident Dunearn Rd, Singapore Additional Location Information BEFORE FARRER ROAD EXIT. Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Mazda

Vehicle Registration Number SMP7876F

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ZHANG YING JACQUELINE NRIC No S8780676F Fmail Address ZHANGYING-SUPER@HOTMAIL.COM Mobile Phone No (Phone) +65-96521520 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 3 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 No - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto CC 1500 Vehicle Fuel

First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5149986984

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 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  | ZHANG YING JACQUELINE S8780676F 13/09/1987 Indoor 11/01/2016 3A Valid 8 YEARS AND 9 MONTHS Female (Phone) +65-96521520 - ZHANGYING-SUPER@HOTMAIL.COM 963 #04-24 BUKIT TIMAH ROAD 589656 Yes - No |
|--|--|
| GENERAL INFORMATION OF THE ACCIDENT  |  |
| Type of Accident Weather Conditions Road Surface   | Chain Collision<br>Clear<br>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 |  |
| Name<br>Gender   | ANGELINE<br>Female   |
| DETAILS OF POLICE ACTION   |  |
| Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?   | No<br>No   |
| CIRCUMSTANCES OF ACCIDENT  |  |
| I CAME TO A STOP DUE TO TRAFFIC. SUBSEQUENTLY VEHIC  | CLE B COLLIDED AGAINST MY VEHICE REAR.   |
| ATTACHMENT(S)  |  |
| Are accident photos available for attachment? Was there any video captured by Car Camera?  | Yes<br>No  |

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

| Vehicle Registration Number             | CB8076H              |
|---|----------------------|
| Vehicle Manufacturer                    | -                    |
| Vehicle Model                           | -                    |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Bus                  |
| Name of Driver                          | UNKNOWN              |
| Contact Number                          | (Phone) +65-97691548 |
| Address                                 | <u>-</u>             |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | 8                    |

# DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number Vehicle Manufacturer | UNKNOWN<br>- |
|--|--------------|
| Vehicle Model                                    | -            |
| Vehicle Variant                                  | -            |
| Vehicle Colour                                   | -            |
| Vehicle Category                                 | Bus          |
| 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)              | -            |

# DETAILS OF OTHER VEHICLE PROPERTY 3

| Vehicle Registration Number             | UNKNOWN |
|---|---------|
| Vehicle Manufacturer                    | -       |
| Vehicle Model                           | -       |
| Vehicle Variant                         | -       |
| Vehicle Colour                          | _       |
| Vehicle Category                        | Bus     |
| 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

#### IMPORTANT NOTICE

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### 5. Any false reporting may be referred to the Traffic Police Department for investigation.

- 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.
- 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.

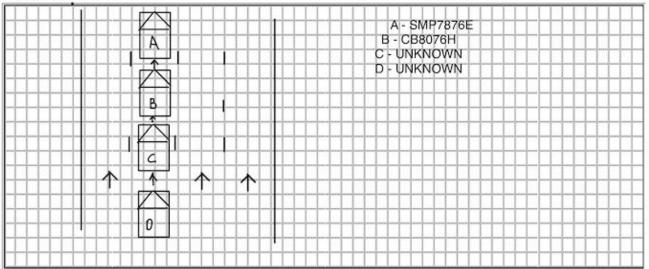
Thomsen

23102024 & 0900HRS Policyholder's Signature / Date & Time

er's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Mohammad Ikhsan Bin Abdul Aziz

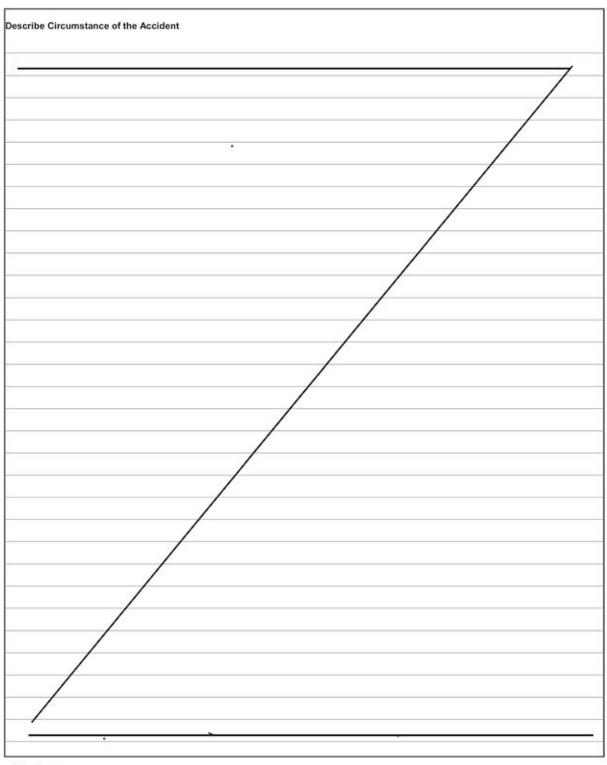
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

#### Sketch Plan



1





# Declaration

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



23102024 & 0900HRS

Policyholder's Signature / Date & Time

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

Mohammad Ikhsan Bin Abdul Aziz
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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