

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	25/10/2024 15:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/10/2024 07:06 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEAR 610 JURONG WEST PICK UP POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND8999D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN BOON KENG
NRIC No	S7312890J
Email Address	BOONKENG73@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81112266
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500
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	5118518036-04

DRIVER

Name of Driver	TAN BOON KENG
NRIC No	S7312890J
Date Of Birth	06/04/1973
Occupation	Outdoor
Driving Pass Date	05/07/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	31 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81112266
Alt. Phone Number	-
Email Address	BOONKENG73@YAHOO.COM.SG
Address	BLK 653B JURONG WEST ST 61 #06-452
Address complement	-
Postcode	642653
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	Collided into Parked Vehicle
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)	1
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	-

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

SEE ATTACHED SKETCH PLAN.

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	TO REQUEST FROM OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC1447H
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LAW YONG KHUAN
NRIC No	S1802570A
Contact Number	(Phone) +65-62615537
Address	BLK 403 FAJAR RD #06-255
Address complement	-
Postcode	670403
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

[Signature] 25/10/24

Policyholder's Signature / Date & Time

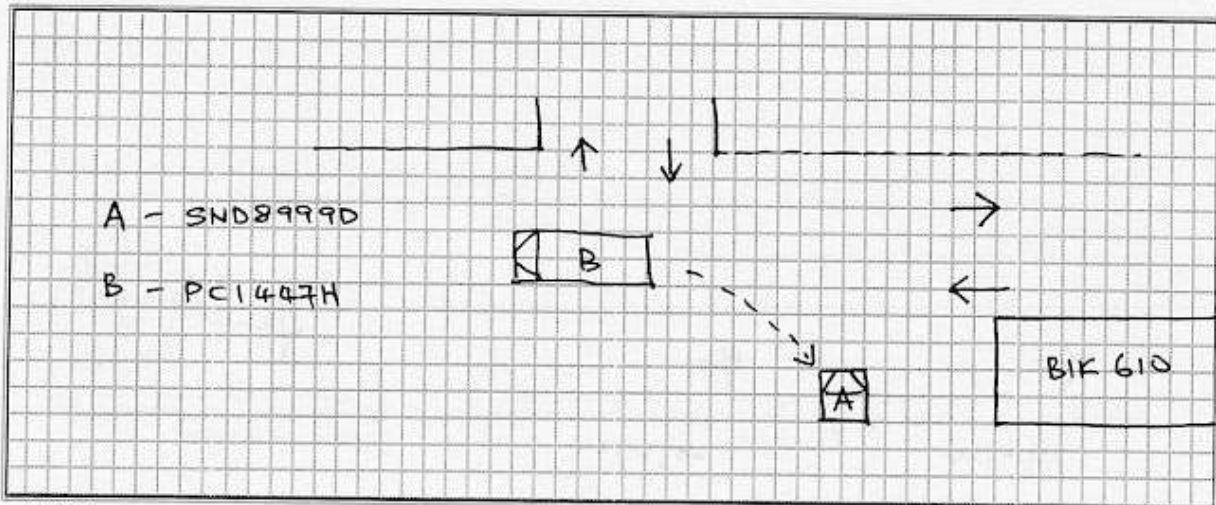
[Signature] 25/10/24

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

[Signature]

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

Sketch Plan



vJun2022

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Describe Circumstance of the Accident

On 25th Oct 2024 at about 0706, I stopped my vehicle and was waiting to pickup my Tada passenger.

While stationary and waiting for the arrival of my passenger. I saw the bus (Tong Ter Transport) start reversing toward my vehicle. I horned at him to warn him, but he continued reversing and hit onto my stationary car front portion.

After hitting my vehicle, he just drove off. I quickly drive to follow him. About few minutes, he stopped at a bus stop, I quickly stop my vehicle infront of him, then ask him whether he know that he had hit my car?

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

25/10/24

[Signature]

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

25/10/24

[Signature]



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





























