

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	30/09/2024 17:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/09/2024 18:20 (SGT)
Exact Location of Accident	Mountbatten Rd, Singapore
Additional Location Information	MOUNTBATTEN RD AND TG KATONG RD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5009L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AMBROSE MATHEWS JAJASEELAN
NRIC No	SXXXX925I
Email Address	MATHEWS.MJ21@GMAIL.COM
Mobile Phone No	(Phone) +65-83550443
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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	1997
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	5125477479

DRIVER

Name of Driver	AMBROSE MATHEWS JAJASEELAN
NRIC No	SXXXX925I
Date Of Birth	01/09/1970
Occupation	Outdoor
Driving Pass Date	18/04/1991
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	33 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83550443
Alt. Phone Number	-
Email Address	MATHEWS.MJ21@GMAIL.COM
Address	BLK 662B JURONG WEST STREET 64 #02-326
Address complement	-
Postcode	642662
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 - Change/cross lane
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

I WAS ON THE EXTREME RIGHT LANE ON TG. KATONG RD TURNING RIGHT TOWARDS MOUNTBATTEN RD. ON MY LEFT, VEHICLE B SMF8297Y WAS TURNING RIGHT AND CUT INTO MY LANE AND HIT MY VEHICLE FRONT LEFT PORTION. HE INTENTIONALLY WANT TO RUN AWAY AND I STOPPED HIM AND ASK HIM WHY HE DASHED INTO MY LANE AND HIT MY CAR AND RUNNING AWAY.

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	SMF8297Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LI JIE
NRIC No	SXXXX595A
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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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

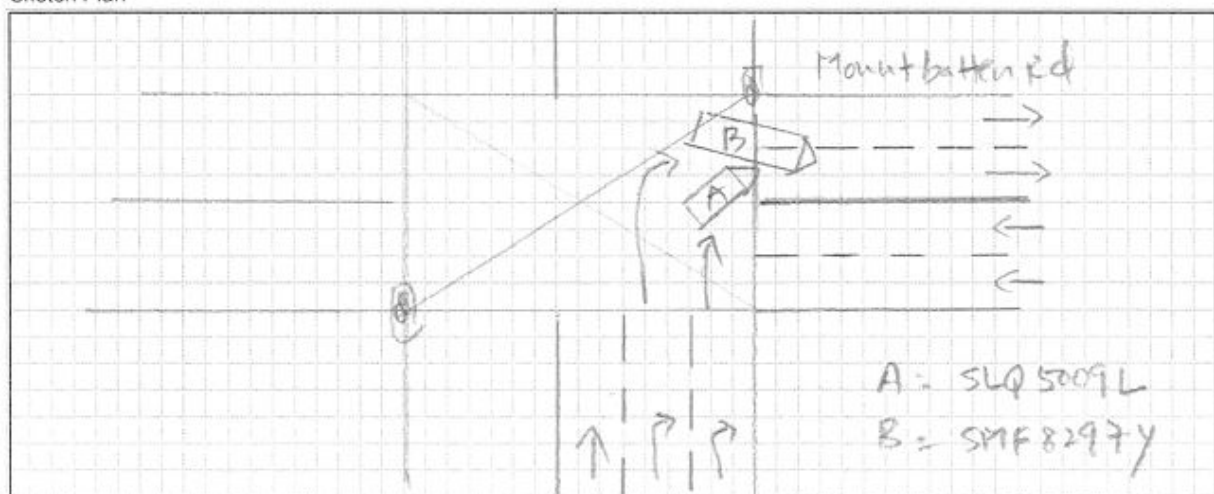
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the **"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

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

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

I was in the extreme right lane on Tg. Katong Rd - turning right towards Manhattan Rd. on my left, vehicle 'B' SMF8297Y was turning right and cut into my lane and hit my vehicle front left position. He intentionally want to run away and I stopped him and ask him why he dashed into my lane and hit my car and running away.

Declaration

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

 30/09/2024

Policyholder's Signature / Date & Time

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



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





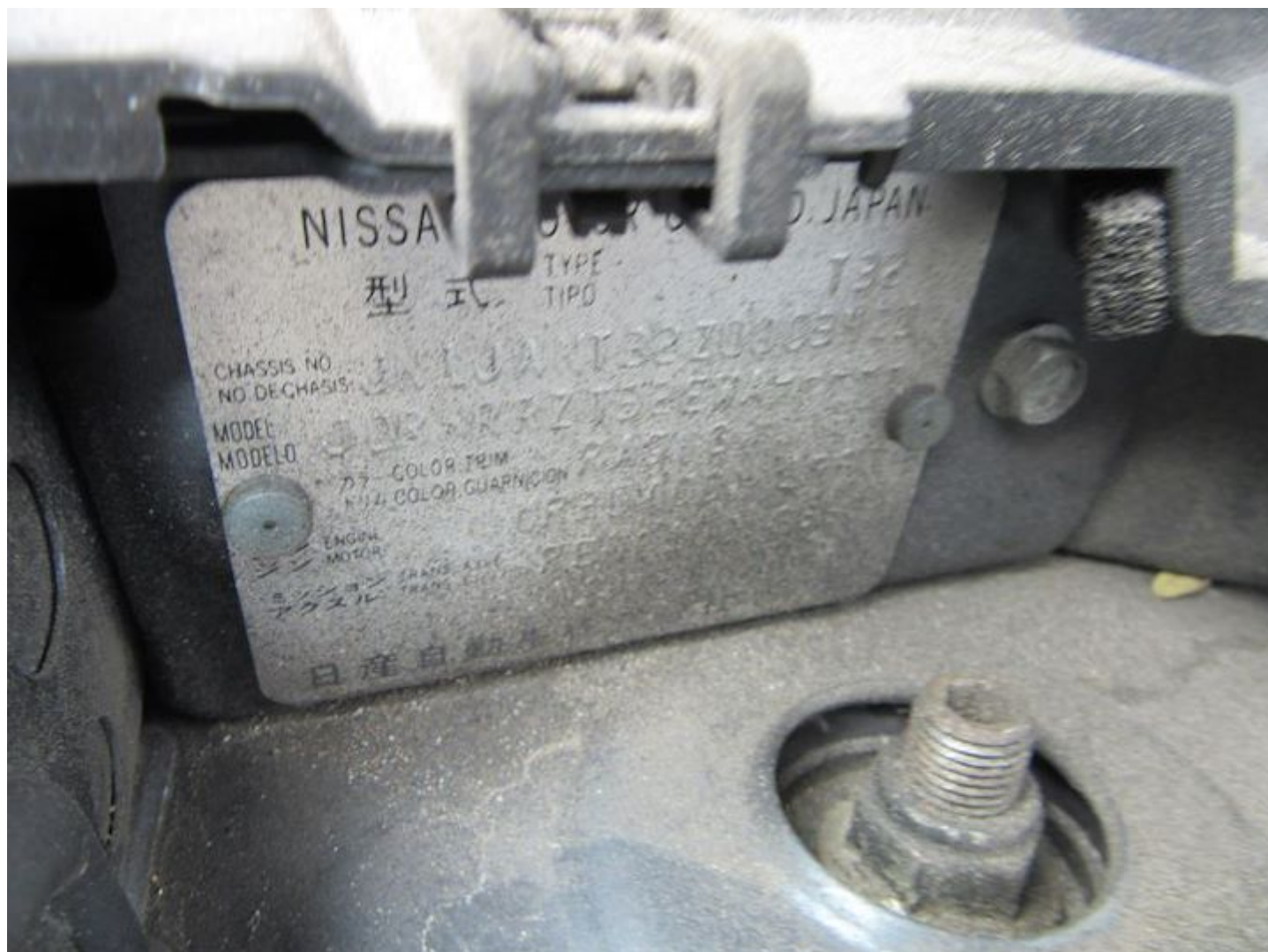




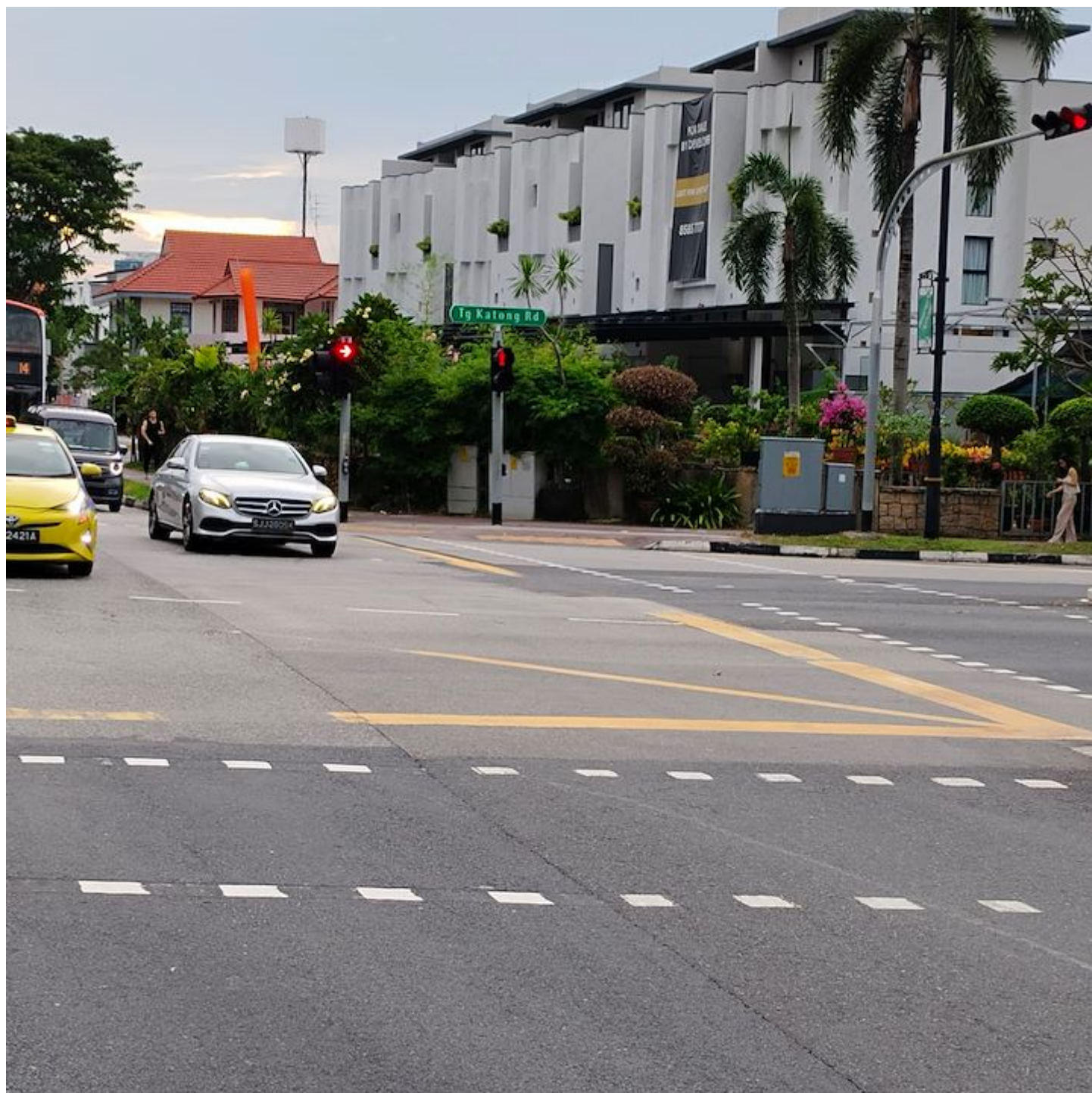


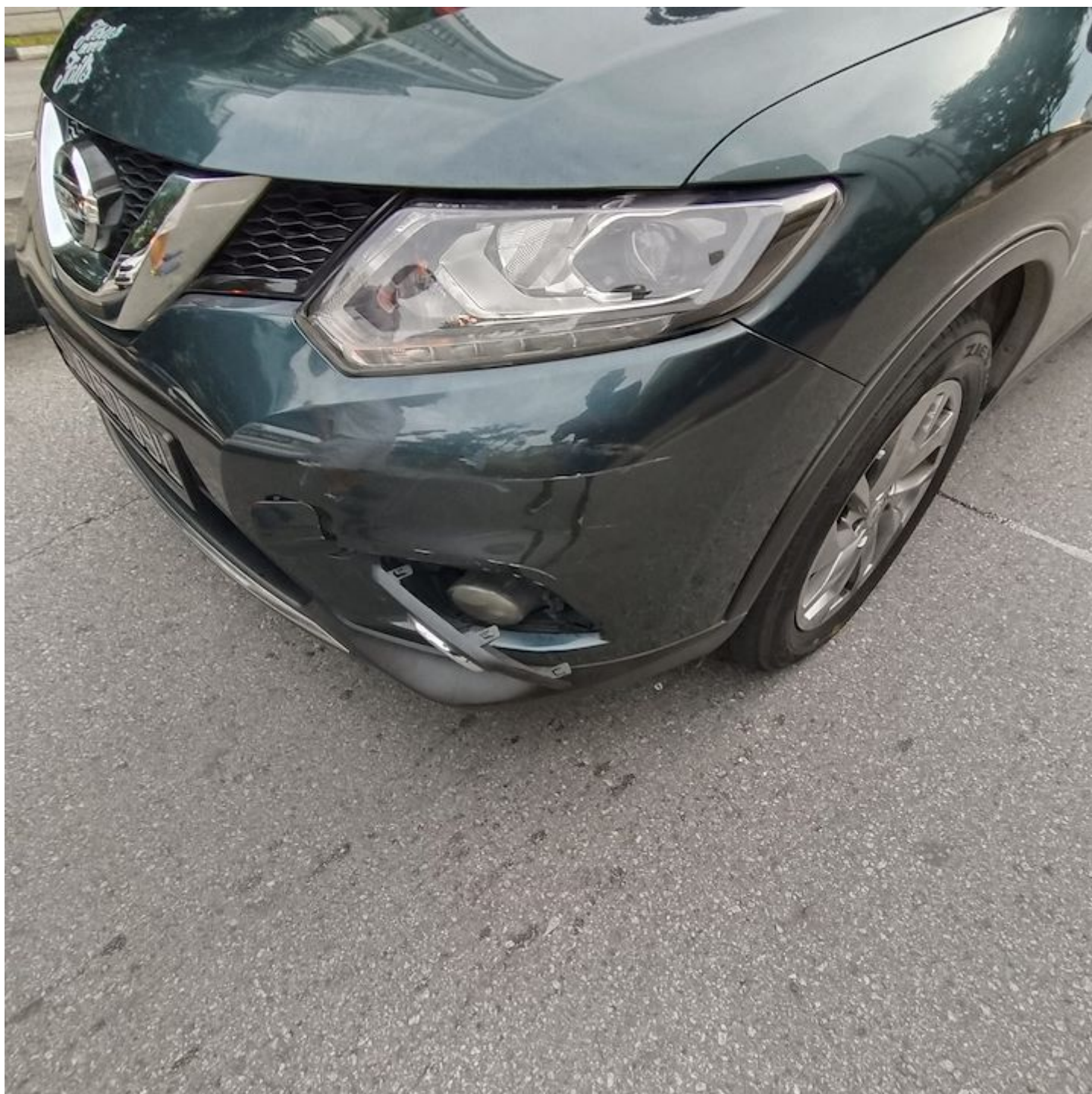


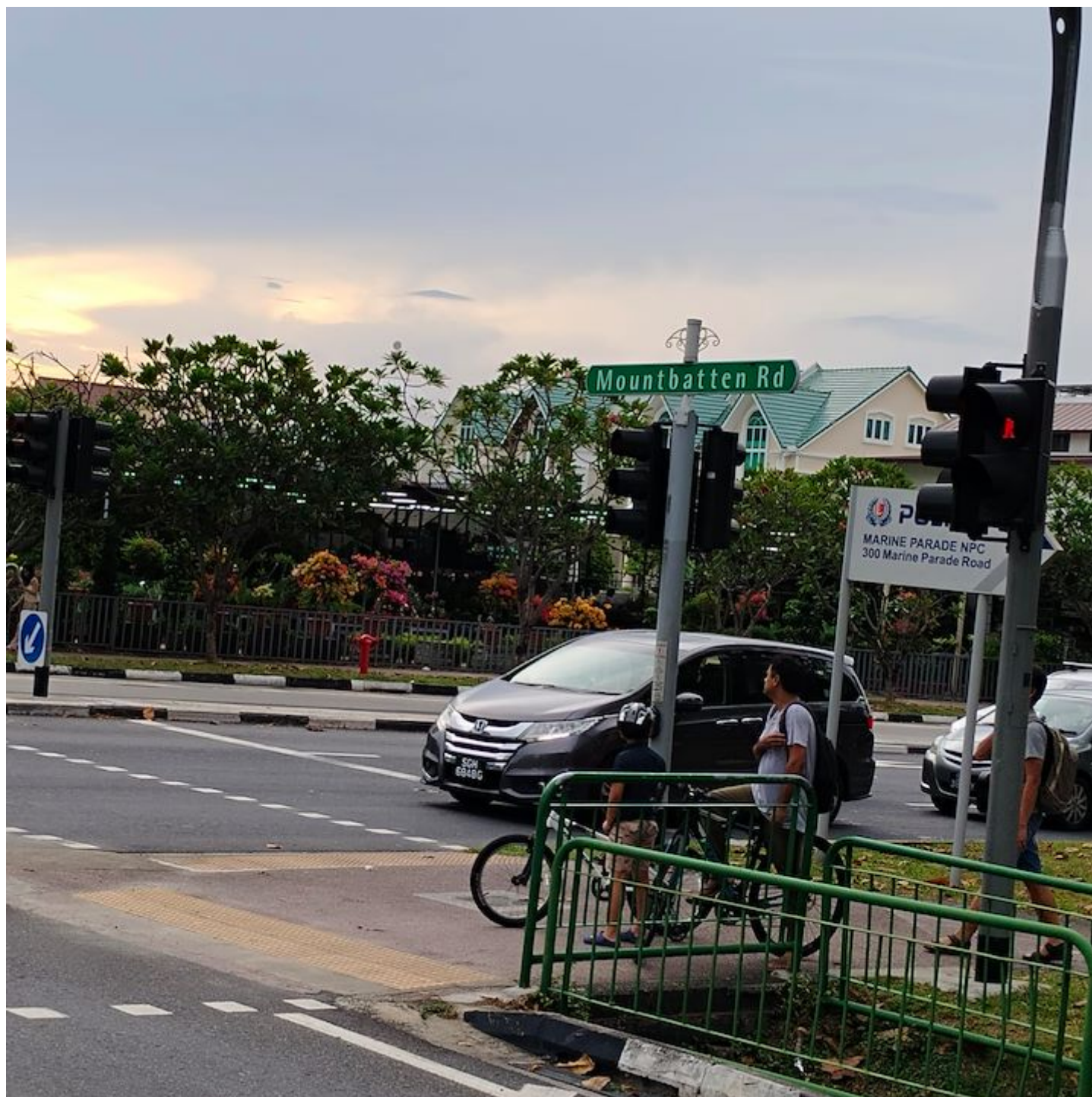




















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0224940007 Vehicle Registration No: SLP509L
 Name (as shown in NRIC): Ambrose Mathews ^{Jaya Seelan} NRIC/FIN/Passport No: S 9251
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Blk 662B Jurong West St 64 #02-326 ⁶⁴²⁶⁶² Singapore (642662)
 Contact (Tel): _____ Mobile No.: 83350443
 Email Address: mathews.mj21@gmail.com
 Date of Accident: 29/9/24 Time of Accident: 18:30
 Place of Accident: Maintbatten Rd & Jg. Katong Rd Junction
 Insurance Company: Jucare

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend accident date as 28/9/24

Policyholder / Actual Driver's Signature
Date: _____



Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): _____

Date: 20/11/25