

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	04/11/2024 10:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/11/2024 23:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHOA CHU KANG ST 64 BLK 642
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3196T
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG YEEN PENG
NRIC No	S7705602E
Email Address	ZENZOAZER@GMAIL.COM
Mobile Phone No	(Phone) +65-97694248
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	
Exact purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600
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	5138226066-01

DRIVER

Name of Driver	LIN SWEE PENG
NRIC No	S7704689E
Date Of Birth	14/02/1977
Occupation	Outdoor
Driving Pass Date	16/05/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97899557
Alt. Phone Number	-
Email Address	SWAT33@HOTMAIL.SG
Address	152A BEDOK SOUTH ROAD #16-528
Address complement	-
Postcode	461152
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Head to Rear
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)	3
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	HENDERICK CHEONG
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

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

AT AROUND 11.50PM, ENTERING BLK 642 CHOA CHU KANG ST 64 BLK 642 CARPARK, THERE'S A TAXI CAR PLATE SHB5123R STOP AT THE CAR PARK GANTRY, CAR PARK GANTRY NOT WORKING , SO THE TAXI DRIVER REVERSE AND HIT MY CAR SME3196T. I WAS STATIONARY AT THAT TIME. I TRY TO HONK HIM BUT NOT SUCCESSFUL.



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 DRIVER.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB5123R
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver ANTHONY EDWARD CHEAH
NRIC No S1469144H
Contact Number (Phone) +65-96469878
Address BLK 104A CANBERRA ST #15-475
Address complement -
Postcode 751104
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name HENDERICK CHEONG
Phone (Phone) +65-94568109
Email -

SKETCH PLAN

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 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 final 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 making 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 envelope(s) and/or 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 the 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] 1523 HRS
02/11/2024

Policyholder's Signature / Date & Time

[Signature] 02/11/2024
1523 HRS

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

A SME 3196 T

B CHB 5123 R

[Sketch of vehicles and positions]

[Signature]

vJun2022

Describe Circumstance of the Accident

AT AROUND 11.50PM, ENTERING BLK 642 LHOA CHY KANG ST. BY BLK 642 CARPARK, THERE'S A TAXI CAR PLATE 3HB 5133R STOP AT THE CARPARK GANTRY, CARPARK GANTRY NOT WORKING, SO THE TAXI DRIVER REVERSE AND HIT MY CAR SINE3196T. I WAS STATIONERY AT THAT TIME. I TRY TO HONK HIM BUT NOT SUCCESSFUL.

Declaration

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

[Signature] 2/11/2024
1523 HRS

Policyholder's Signature / Date & Time

[Signature] 2/11/2024
1523 HRS

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

[Signature]

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