



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	12/11/2024 13:06 (SGT)
Reported by	Actual Driver
Date of Accident	11/11/2024 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA BAY SANDS BASEMENT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH6126J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAI CHIN LIAM
NRIC No	S2564759I
Email Address	ALLENCHAI@YEELEEEOILS.COM.SG
Mobile Phone No	(Phone) +65-98182830
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	328i
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000
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	5131541319-01

DRIVER



Name of Driver	LI YUNRONG
NRIC No	S7373693E
Date Of Birth	25/02/1973
Occupation	Indoor
Driving Pass Date	20/01/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98182830
Alt. Phone Number	-
Email Address	SCARLETT_2.25@HOTMAIL.COM
Address	318 UPPER EAST COAST ROAD
Address complement	#04-05 BREEZE BY THE EAST
Postcode	465521
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 - Major/Minor Rd
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

AS I WAS DRIVING OUT OF MY PARKING LOT AT MARINA BAY SANDS CARPARK, I SAW SKN7177Z HEADING TOWARDS ME SO I STOPPED TO GIVE WAY. AS I WAS STOPPED AND WAITING FOR SKN7177Z TO DRIVE PASS, SUDDENLY SKN7177Z COLLIDED INTO THE FRONT RIGHT OF MY VEHICLE AND DAMAGED MY FRONT BUMPER AND RIPPED OF MY NUMBER PLATE. WE STOPPED TO TAKE PHOTOS AND EXCHANGE PARTICULARS. NO INJURIES REPORTED.

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	SKN7177Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LI ZHENYI
NRIC No	M4266067U
Contact Number	(Phone) +65-82626987
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

WITNESS DETAILS

WITNESS 1

Name	CHAN SHI WEI
Phone	(Phone) +65-80281468
Email	SWCHAN.PROJECTS@BONDGRP.COM.SG

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 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 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

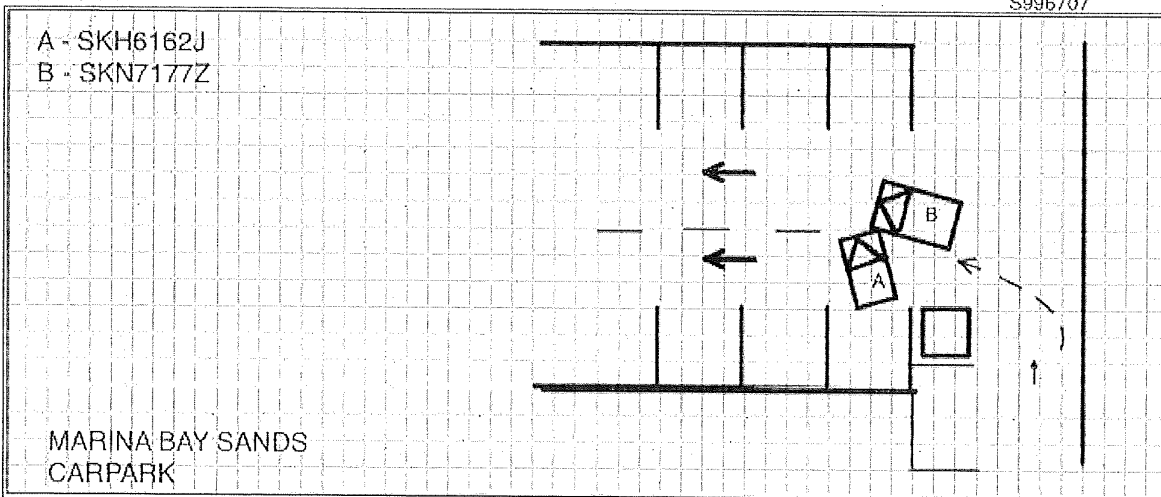
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

12/11/2024
1300HRS

Tan Jio Xiong, Shaun
S996707



Describe Circumstance of the Accident

REFER TO CIRCUMSTANCE OF ACCIDENT

Declaration

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

Policyholder's Signature / Date & Time

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

12/11/2024
1300HRS

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

Tan Jie Xiong, Shaun 2
S996707

























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: SN0724BC000A Vehicle Registration No: SKH6126J
 Name (as shown in NRIC): LI YUNYONG NRIC/FIN/Passport No: S7373693E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 318 UPPER EAST COAST ROAD #04-05 S(465521) Singapore ()
 Contact (Tel): 98182830 Mobile No.: _____
 Email Address: ALLENCHAI@YEELEEEOILS.COM.SG
 Date of Accident: 11/11/2024 Time of Accident: 1700HRS
 Place of Accident: MARINA BAY SANDS BASEMENT CARPARK
 Insurance Company: INCOME INSURANCE LIMITED

(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 EMAIL ADDRESS

Policyholder / Driver's Signature
 Date: 12/11/2024

Reporting Centre Personnel's Signature
 Name: TAN JIE XIONG SHAUN
 NRIC/FIN No.: S8627695Z
 Date: 12/11/2024

