

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	13/11/2024 15:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/11/2024 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MERGING INTO BRADDELL FLYOVER TWDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDE9771A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NARENDRAN PANIR SELVAM
NRIC No	S8636873J
Email Address	narens86@gmail.com
Mobile Phone No	(Phone) +65-82009173
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	JETTA 1.4 TSI AT 1K23G5 MX
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	1390
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	5137759173-01

DRIVER

Name of Driver	NARENDRAN PANIR SELVAM
NRIC No	S8636873J
Date Of Birth	01/12/1986
Occupation	Indoor
Driving Pass Date	25/01/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82009173
Alt. Phone Number	-
Email Address	narens86@gmail.com
Address	BLK 361 YISHUN RING RD #03-1652
Address complement	-
Postcode	760361
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 - 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)	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

REFER TO ATTACHED.

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	EMAIL TO INCOME.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3033R
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	OH YONG LOO
NRIC No	S1759943G
Contact Number	(Phone) +65-86525051
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

VEH NO. SDE 9771A
INSURER In come
DATE OF ACC 13/11/24 @ 17:45

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

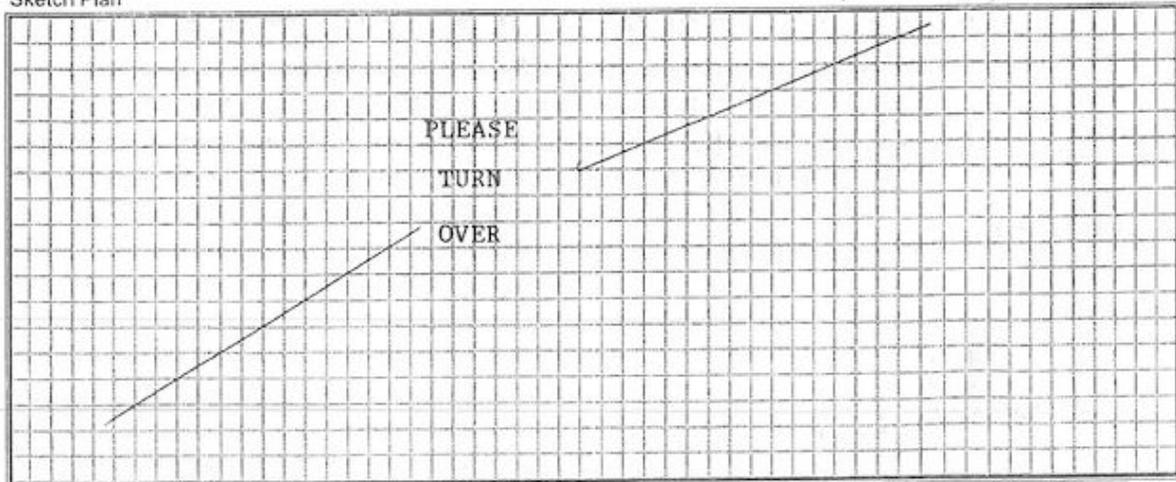
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
13/11/2024
Policyholder's Signature / Date & Time

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

[Signature]
13/11/24
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) (YS)

Sketch Plan



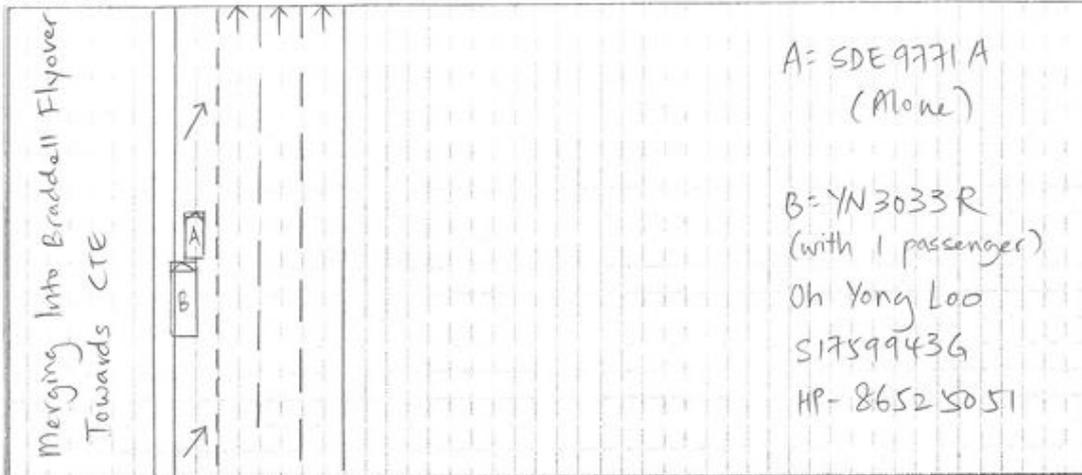
Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop (_____)

Sketch Plan



I was driving on the merging lane to join Braddell Flyover (TE). I was returning home (Yichun) from work @ ESR Chai Chee. When I was toward the end of the merging lane and about to move towards my right. Traffic was peak time slow moving. At one of these points, I came to a stop due to traffic. When suddenly a lorry YN3033R hit the back of my vehicle towards the left side. I got down to inspect the vehicle and took photos and got the IC details of the other driver. My vehicle back bumper had a crack and the paint job was oilt. My boot sinked in on the left side and the left top side had protruded out at the centre. The left back light had chipped off and cracked. The other driver asked for private settlement.

[Signature]

Declaration

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

[Signature]
13/11/2024
Policyholder's Signature / Date & Time

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

[Signature] 13/11/24
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) (16)
2





















