

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 17:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/11/2024 14:45 (SGT)
Exact Location of Accident	Telok Blangah Way, Singapore
Additional Location Information	CROSS JUNCTION BETWEEN TELOK BLANGAH WAY & LOWER DELTA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN6950D
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name of Registered Owner	LOH ZHIMING (LUO ZHIMING)
NRIC No	SXXXX764G
Email Address	ANDYLOHZHIMING@GMAIL.COM
Mobile Phone No	(Phone) +65-97267077
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	YARIS CROSS 1.5G CVT
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	1490
Vehicle Fuel	Petrol
First Registration Date	22/12/2023
Chassis no	MXPB103019531
Effective Date/Time of Ownership	22/12/2023 09:12 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5141922611

DRIVER

Name of Driver
 IC No
 Date of Birth
 Occupation
 Driving Pass Date
 Driving License Pass Class
 Driving License Validity
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

LOH ZHIMING (LUO ZHIMING)
 SXXXX764G
 04/08/1981
 Indoor
 04/07/2001
 3
 Valid
 23 YEARS AND 4 MONTHS
 Male
 (Phone) +65-97267077
 -
 ANDYLOHZHIMING@GMAIL.COM
 BLK 34 SEGAR ROAD 08-29 SINGAPORE 677723
 -
 -
 Yes
 -
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Head to Rear
 Raining
 Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other vehicle or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
 Translator's name
 Translator's ID
 Translator's phone number
 Translator's email
 Original language used in the statement

No
 2
 No
 -
 Yes
 4
 No
 -
 -
 -
 -
 -

PASSENGER 1

Name
 Gender

NAN KYAN
 Female

PASSENGER 2

Name
 Gender

SELINA LOH
 Female

PASSENGER 3

Name
 Gender

SABRINA LOH
 Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No
 No
 -

CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes

Yes

SUBMIT TO INSURANCE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF2166L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

SKETCH PLAN

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 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.

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

12/1/2024
1548h

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

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

Sketch Plan

A: SXN16950D
B: GBF 2166L

Describe Circumstance of the Accident

VEHICLE NO: SNN 6950D

ACCIDENT DATE & TIME: 13th Nov 2024 @ 1445 hrs

CONTACT NUMBER: 97267077

E-MAIL: ancyflehzhuning@gmail.com

LOCATION: Cross Junction between Telok Mangala Way and Lower Delta Road.

On the above mentioned date, time and location, I was driving my vehicle, traveling at the above mentioned location.

While at the said junction, the traffic light was red. Thus, I stopped.

Suddenly, one white colour lorry, GOF 2166L, bang onto my vehicle. Upon checking, the rear of my vehicle was badly damaged.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN

OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE

☐ CLAIM OWN POLICY

☒ CLAIM THIRD PARTY

☐ CLAIM CO/TP AT OTHER WORKSHOP

☐ REPORTING ONLY

Declaration

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

 13/11/2024
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)