

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	15/11/2024 14:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/11/2024 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAYA LEBAR BUS STOP 82029
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ561R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN CHI WAI
NRIC No	S8287515H
Email Address	STOKIE2010@GMAIL.COM
Mobile Phone No	(Phone) +65-90408177
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	FREED HYBRID 1.5G AUTO
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	1496
Vehicle Fuel	Petrol-Electric
First Registration Date	27/06/2017
Chassis no	GB71025065
Effective Date/Time of Ownership	18/11/2022 07:11 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131803896-01

DRIVER

Name of Driver	CHAN CHI WAI
NRIC No	S8287515H
Date Of Birth	24/12/1982
Occupation	Indoor
Driving Pass Date	19/05/2021
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90408177
Alt. Phone Number	-
Email Address	STOKIE2010@GMAIL.COM
Address	BLK 100 HAIG ROAD #14-02
Address complement	-
Postcode	438797
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)	5
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	CHAN TO KAI
Gender	Male

PASSENGER 2

Name	CHAN HON LAM
Gender	Male

PASSENGER 3

Name	KEUNG LAI FOON
Gender	Female

PASSENGER 4

Name	CHAN HON TING
Gender	Male

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

PLEASE REFER TO ACCIDENT STATEMENT AS 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 VIDEO FOOTAGE WILL BE SEND VIA EMAIL

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB7604G
Vehicle Manufacturer Toyota
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver STEVEN
Contact Number (Phone) +65-91739782
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

SKETCH PLAN**IMPORTANT NOTICE**

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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.

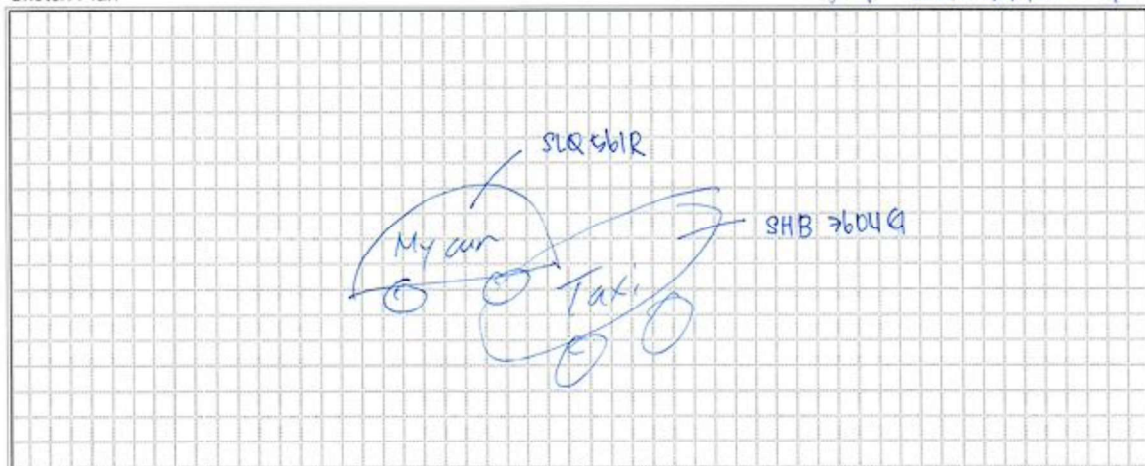
 15/11/2024.
1:39 PM

Policyholder's Signature / Date & Time

 1:39 PM 15/11/24.

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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
Joelle Tan
AME AUTOPOINT P/L

Sketch Plan

vJun2022

1

Describe Circumstance of the Accident

I was ~~slowly~~ ^{slowly} slowing down my vehicle to be ready to stop to drop off my passenger in the car in the bus stop (82029) near to the Haig Road Food Market. My car was on Hazard light).

A Taxi Driver was driving behind my car suddenly speed up and then take over on my right hand side in the second lane (as he was pick up a passenger in the ~~double~~ yellow line). The taxi driver drove past me in the front crashed in my car in the driver seat area. I saw the taxi and both my car stopped.

As my car CCTV captured, suspect the reason why the taxi driver took over me (my car) from behind. He was picking up a passenger in the front.

I saw a man waving his hand to indicate for a taxi to come toward my direction in the Bus Lane.

Taxi Driver and I was unharmd as we were driving in a reasonably speed. My passengers (My family) were unharmd too. Therefore I decided to make the report for fair assessment in this incident. At the base of my knowledge, I have reported this incident fairly.

Declaration

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

 1:39pm 15/11/24

Policyholder's Signature / Date & Time

 1:39pm 15/11/24

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



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

JOELLE TAN
AME AUTOPPOINT P/L