

## 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 16:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/11/2024 08:13 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PUNGGOL FIELD SLIP RD > PUNGGOL WAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU1350S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HSIEH MIN HON
NRIC No	S6870023Z
Email Address	MIKEHSIEH12@YAHOO.COM
Mobile Phone No	(Phone) +65-93884498
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	VEZEL 1.5X A
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496
Vehicle Fuel	Petrol
First Registration Date	30/06/2015
Chassis no	RU11021470
Effective Date/Time of Ownership	14/10/2024 12:10 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	515020515D

#### DRIVER

Name of Driver	HSIEH MIN HON
NRIC No	S6870023Z
Date Of Birth	22/05/1968
Occupation	Outdoor
Driving Pass Date	10/02/1987
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	37 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93884498
Alt. Phone Number	-
Email Address	MIKEHSIEH12@YAHOO.COM
Address	BLK 339 TAMPINES STREET 33 03-230 SINGAPORE 520339
Address complement	-
Postcode	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	P1
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

AS PER SKETCH PLAN ATTACHED.

#### 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	SMV1657D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	HSIEH MIN HON
Gender	Male
Phone No	(Phone) +65-93884498
Address	339 TAMPINES STREET 33
Address Complement	03-230
Post Code	520339
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKU1350S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

## IMPORTANT NOTICE

1. This report is a Witness Statement and is not a Police Report or a Police Statement.
2. The report should be completed by the insured driver and the driver of the other party involved in the accident.
3. The report should be completed truthfully and accurately as possible. It should be signed by the insured driver and the driver of the other party involved in the accident.
4. The report should be completed by the insured driver and the driver of the other party involved in the accident.
5. Any false reporting may be referred to the Police for investigation.
6. The 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 their copies of this report will for a fee be made available upon application to interested parties.
7. By the lodging 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 be 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 (including the police) for the purpose 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 be 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;
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
    - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date  
15/11/24

Driver's Signature  
(If driver is not the policyholder, Date  
15/11/24

Reporting Centre Personnel's Signature  
Name  
15/11/24



SKETCH PLAN



A: SKU1350S

B: SMV16570



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 8.13am on 15 Nov 2024, I was driving from Punggol Field to Punggol Way, towards TPE, at the edge of the slip road where I was the first car, got hit from behind by a car SMV16570 from behind. There was a loud bang, and my car jerked forward a little. There was a passenger in the car as I was en-route to send the Tada passenger to his destination. Good that both me and the passenger were alright at the accident scene. I got off the car, and found that my car was badly damaged, booth, bumper, and interior.

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

DECLARATION

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

 18/11/2024 

15/11/24 