SA1924BQ0002 / ACCORD AUTO SERVICES PTE LTD[568047] ENTRY DATE & TIME: 26/11/2024 14:33 (SGT) SUBMITTED BY: Admin VERSION: 1 (26/11/2024 14:33 (SGT))



# 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 witholding 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 26/11/2024 14:33 (SGT)
Reported by Actual Driver
Date of Accident 26/11/2024 08:11 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG UPPER PAYA LEBAR ROAD (AT CHEVRON)
Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

SDV9099T

Mercedes

(Phone) +65-97533585

Is company?

No
Name Of Registered Owner

NRIC No
Email Address

No
SXXXX579B

WILLIAM9099@HOTMAIL.COM

VEHICLE PARTICULARS

Alternative Phone No

Mobile Phone No

Manufacturer

Vehicle Registration Number

Model Glc200
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 1991

Vehicle Fuel First Regisration Date -

Chassis no W1N2539802F979813

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Policy Number / Cover Note Number MPC24P00320400

DRIVER

Name of Driver NRIC No	LIM SIOK HOON SAMAHTHA SXXXX752G
Date Of Birth	14/10/1975
Occupation	Indoor
Driving Pass Date	14/03/1997
Driving License Pass Class Driving License Validity	3 Valid
Driving experience	27 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96910867
Alt. Phone Number	-
Email Address	KS2405@OUTLOOK.SG
Address	11P MARLENE AVENUE
Address complement Postcode	- 554537
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	-
insurance company of other vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions Road Surface	Clear
	Dry
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident Was anybody injured in the Accident?	2 No
Was any injured on veyed 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)	N
soliciting/offering accident claims assistance? Translator's name	No
Translator's ID	• •
Translator's phone number	-
Translator's email	
Original language used in the statement	-
PASSENGER 1	
Name	LIENC DADILIC
Gender	HENG DARIUS Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given?	No No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ACCIDENT SKETCH PLAN	
ATTACHMENT(S)	

Yes Yes

Are accident photos available for attachment?
Was there any video captured by Car Camera?

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	TAN LIM CHUA
NRIC No	SXXXX810D
Contact Number	(Phone) +65-91294640
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### SKETCH PLAN

VEH A: \$PV 90997 VEH B: \$H4 12015 VEH C:

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- 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.

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- 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.
- By the ladgement 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 werkshop and the General Insurance Association of Singapore ("GIA") maylare 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 seldement 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 malling 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); sind/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.

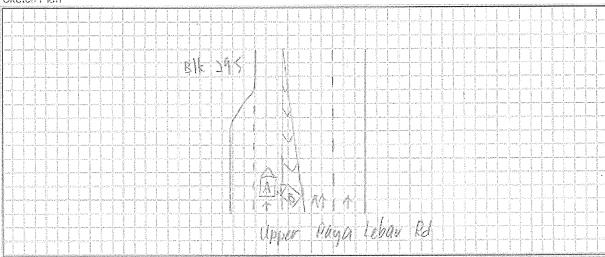
24NOV24 1:41PM

Pelicyholder's Signature / Date & Time

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

Witnessed by Reporting Centro Possernell (Name as in NRICHD cord)

### Sketch Plan



Describe Circumstance of the Acc	cidant		
DATE OF ACCIDENT:	36/11/24		TIME OF ACCIDENT: 8:10-8:10a
VEHA: SOU GOGGT	VEH B: Ch	ADOLE	VEH C:
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Declaration

ItWe declare the foregoing particulars are true in every respect.

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1:47 pm

Witnessed by Recording Centre Perconnel (Name as in NRICAD card)