

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	11/12/2024 11:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/12/2024 17:24 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T-JUNCTION BETWEEN UPPER ALJUNIED RD AND BIDADARI PARK DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS8865P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHIAK YONG
NRIC No	SXXXX505E
Email Address	CHIAKYONG@GMAIL.COM
Mobile Phone No	(Phone) +65-97993896
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I30 PDE 1.4 T-GDI DCT
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	1353
Vehicle Fuel	Petrol
First Registration Date	12/09/2019
Chassis no	TMAH3513VLJ114930
Effective Date/Time of Ownership	12/09/2019 08:09 (SGT)

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D24MPCM001448

DRIVER

Name of Driver	NG CHIAK YONG
NRIC No	SXXXX505E
Date Of Birth	17/05/1972
Occupation	Indoor
Driving Pass Date	06/04/1995
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	29 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97993896
Alt. Phone Number	-
Email Address	CHIAKYONG@GMAIL.COM
Address	BLK 588D ANG MO KIO STREET 52
Address complement	#30-231
Postcode	564588
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)	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	HU WEILING
Gender	Female

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

REFERTO ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SMS5988M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG WEE KENG, EUGENE
NRIC No	SXXXX830G
Contact Number	(Phone) +65-86603099
Address	BLK 217C COMPASSVALE DRIVE
Address complement	#14-592
Postcode	543217
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

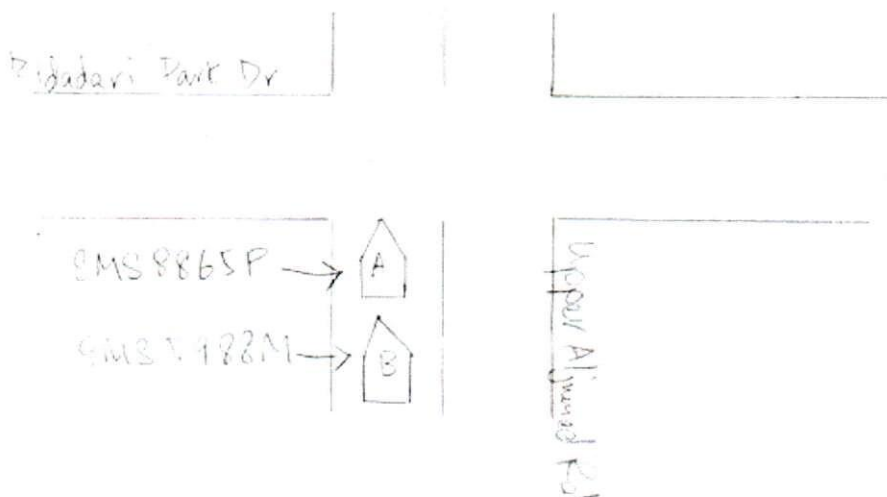
1. Please report correctly the details of the accident to speed up the claims process.
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance 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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Describe Circumstances of the Accident

Date of Accident : 10/12/2024 Time: 1724hrs Location: T-junction between Upper
Aljunied Rd and Bidadari Park Dr

My Vehicle A : SM5886EP Vehicle B : SM55988M

On 10/12/2024 at about 1724hrs, I was driving my vehicle A SM5886EP
along Upper Aljunied Rd towards Upper Serangoon Rd. When I approached
the T-junction of Upper Aljunied Rd and Bidadari Park Dr, I stopped
my car at the traffic light when the light turned red. Suddenly,
vehicle B SM55988M came from behind and bang onto the rear of
my car.

I came out of my car and took pictures of my car and vehicle B.
Both of us exchanged our particulars and took picture of the NRIC.
The driver of vehicle B Mr Eugene Ooi Woe Keng agreed to be
responsible for the accident and informed me to proceed with
his insurance claims.

*KINDLY TAKE NOTE THAT YOU HAVE 14 DAYS FROM DATE OF ACCIDENT TO CONVERT TO OWN DAMAGE CLAIM ✓

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

