

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	16/12/2024 18:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/12/2024 11:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	925 YISHUN CENTRAL 1, S(760925) CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU3038H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CAI ZHIBING
NRIC No	S8772046B
Email Address	ZHIBING@GMAIL.COM
Mobile Phone No	(Phone) +65-81880201
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xe
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1997
Vehicle Fuel	Petrol
First Registration Date	06/08/2020
Chassis no	SAJAB4AXXLCP62760
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5146115545

DRIVER

Name of Driver	CAI ZHIBING
NRIC No	S8772046B
Date Of Birth	23/01/1987
Occupation	Indoor
Driving Pass Date	30/05/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81880201
Alt. Phone Number	-
Email Address	ZHIBING@GMAIL.COM
Address	1 JALAN ULU SEMBAWANG #05-07
Address complement	-
Postcode	758930
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 - Major/Minor Rd
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)	1
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	-

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 SKETCH PLAN.

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	SEND TO INCOME.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNJ9256B
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Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NURSHAMIZAN BIN RAZELAN
NRIC No	S9230428J
Contact Number	(Phone) +65-82012792
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CAI ZHIBING
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT HEAD PAIN AND RIGHT NECK AND SHOULDER.
Injured person in which vehicle?	SMU3038H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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

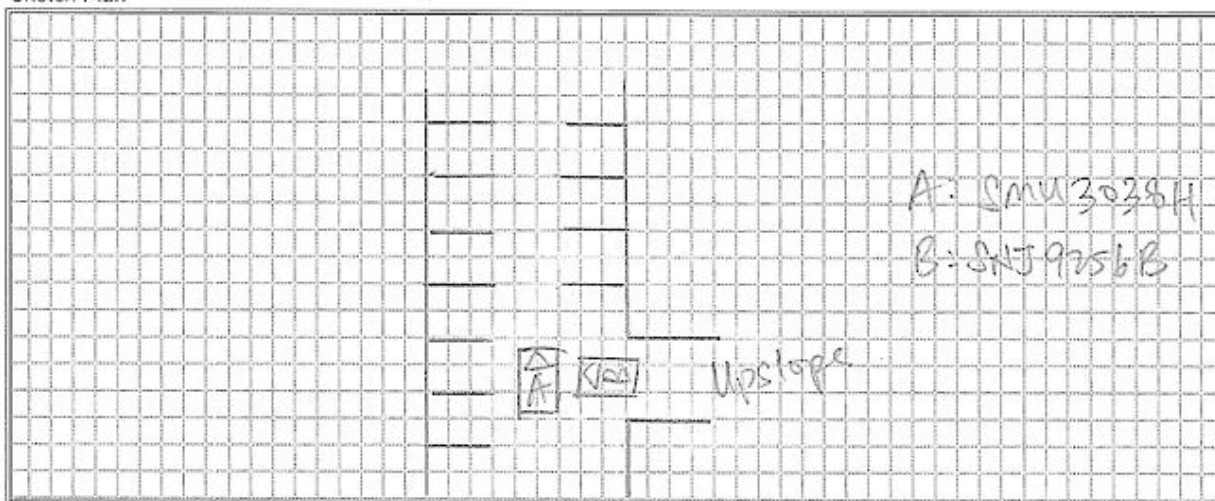
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

Sketch Plan

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



Describe Circumstance of the Accident

I was leaving the car park when a car coming from the lower deck, driving up the slope, hit the right side of my car. I saw that both of my right-side doors were out of shape and the driver's door could not close properly. The main frame was also ~~severely~~ damaged and Right front tyre and rim. At first, I felt a bit dizzy, but I slowly started to feel better. I didn't call the police at the time. Later, I started feeling a bit nauseous and the right side of my head and shoulder began to hurt. I thought it would be fine, but after a day, the symptoms persisted.

TP claim @ other N/S.

Declaration

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

Policyholder's Signature / Date & Time

16/12/2021

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

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





















