

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 17:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/12/2024 15:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA COASTAL DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8994Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TOH TING TING
NRIC No	S7504478Z
Email Address	WENDYPRAKASH8@GMAIL.COM
Mobile Phone No	(Phone) +65-91827121
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	WISH 1.8 CVT
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1798
Vehicle Fuel	Petrol
First Registration Date	26/07/2017
Chassis no	JTDGG20W70J007340
Effective Date/Time of Ownership	26/07/2017 10:07 (SGT)

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24P00276100

DRIVER

Name of Driver
NRIC No
Date Of Birth
Occupation
Driving Pass Date
Driving License Pass Class
Driving License Validity
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

TOH TING TING
S7504478Z
17/02/1975
Indoor
16/01/1993
3
Valid
31 YEARS AND 11 MONTHS
Female
(Phone) +65-91827121
-
WENDYPRAKASH8@GMAIL.COM
BLK 703 PASIR RIS DRIVE 10 05-129 SINGAPORE 510703
-
-
-
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
3
No
-
Yes
3
No
-
-
-
-
-

PASSENGER 1

Name
Gender

TOH HER KIM
Male

PASSENGER 2

Name
Gender

YOGESH S/O PRAKASH
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

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

Yes
Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA33B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN

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6. This report will be forwarded by themselves 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.
7. By the lodgement of this report to the insurers, you hereby consent the archiving of this report at this centre and to copies of this 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/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 purposes 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, including about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in all the aforesaid, including, 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/also 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.

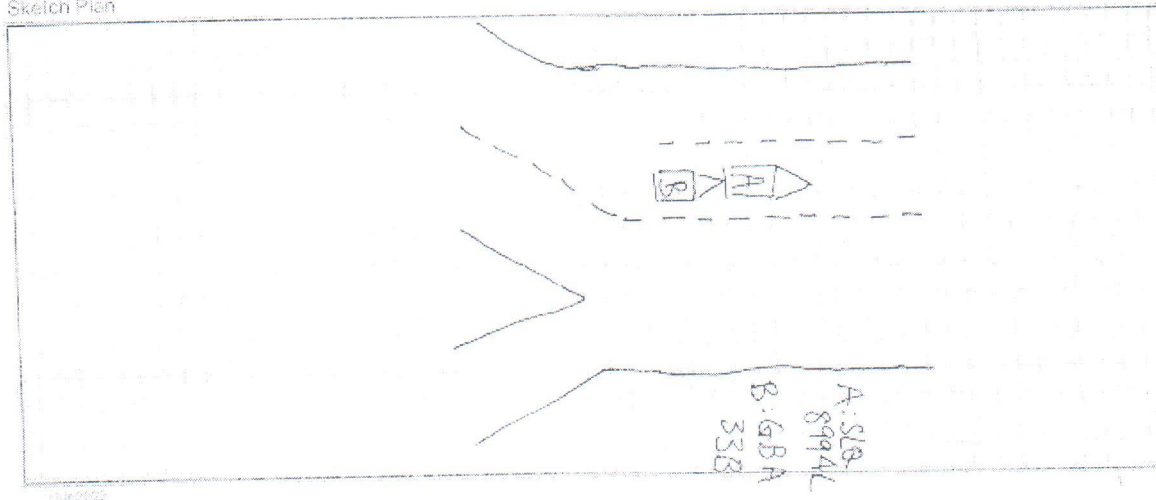
N. Sankar 16/12/24
Policyholder's Signature / Date & Time

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

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



Sketch Plan



Describe Circumstance of the Accident

On the above mentioned date & time, I was at Marina (OTC Drive) toward Marina Bay Cruise Centre. My vehicle was stationary waiting for the vehicle in front to move. Suddenly, vehicle B collided into my rear portion.

To claim at Wega Engineering Pte Ltd

Reporting only

Wong

Declaration
I hereby declare the facts above are true and correct.

Wong 16/12/24

Polycomider's Signature / Date & Time

Actual Driver's Signature / Date & Time (If applicable)

Witnessed by Recording Centre Personnel
(Name & In-CR Card must)

