

## 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 .....	28/06/2024 15:01 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/06/2024 12:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BOON LAY WAY
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKF8769B
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WONG LING CHYE
NRIC No .....	S7578970Z
Email Address .....	LINGCHYE@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-97384341
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	216i
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 .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5122517083-02

#### DRIVER

Name of Driver .....	LILY TANG SIEW HIE
NRIC No .....	S7873484A
Date Of Birth .....	22/09/1978
Occupation .....	Indoor

Driving Pass Date .....	25/02/2006
Driving experience .....	18 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91397351
Alt. Phone Number .....	-
Email Address .....	TANGSIEWHIE@YAHOO.COM
Address .....	BLK 64A #01-58
Address complement .....	SOUTH BUONA VISTA ROAD
Postcode .....	117326
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 .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
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) .....	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

I WAS DRIVING ALONG BOON LAY WAY IN LANE 3. I SUDDENLY FELT AN IMPACT FROM THE LEFT. I STOP AND SAW THAT SML1804T HAD CHANGED LANE FROM LANE 4 TO 3 AND COLLIDED INTO THE LEFT OF MY VEHICLE. WE ALIGHTED TO TAKE PHOTOS AND EXCHANGE PARTICULARS. NO INJURIES REPORTED.

#### 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 .....	SUBMITTED TO WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SML1840T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	TIMOTHY
Contact Number .....	(Phone) +65-90710166
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

Describe Circumstance of the Accident

REFER TO CIRCUMSTANCE OF ACCIDENT

Declaration

I/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

28/06/2024  
1430HRS

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

Tan Jie Xiong, Shaun 2  
S996707

### SKETCH PLAN

**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 Traffic Police Department for investigation.**
6. 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.
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.

#### 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 &amp; Time

Driver's Signature (if driver is not the policyholder) / Date  
& Time 28/06/2024

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

Tan Jie Xiong, Shaun  
S996707

### Sketch Plan

A - SKF8769B  
B - SML1804T

BOON LAY WAY































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM


**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN07246S0003 Vehicle Registration No: SKF8769B  
 Name (as shown in NRIC): LILY TANG SIEW HIE NRIC/FIN/Passport No: S7873484A  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 64A #01-58 SOUTH BUONA VISTA ROAD S(117326) Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 91397351  
 Email Address: TANGSIEWHIE@YAHOO.COM  
 Date of Accident: 27/06/2024 Time of Accident: 1230HRS  
 Place of Accident: BOON LAY WAY  
 Insurance Company: INCOME INSURANCE LIMITED

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TO AMEND CLAIM TYPE TO "CLAIMING THIRD PARTY"

  
 Policyholder / Driver's Signature  
 Date: 29 Jun 2024

  
 Reporting Centre Personnel's Signature  
 Name: Tan Jie Xiong Shaun  
 NRIC/FIN No.: S8627695Z  
 Date: 29/06/2024