# 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 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**

**BMW** 

Vehicle Registration Number SKF8769B

#### INSURED/POLICYHOLDER

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

## VEHICLE PARTICULARS

Manufacturer

Model 216i 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 1500

### INSURANCE COMPANY

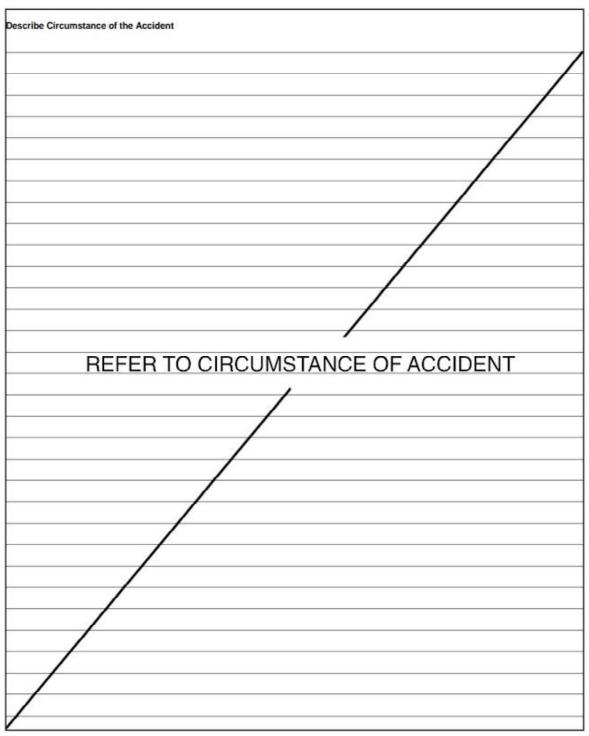
Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5122517083-02

## DRIVER

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

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	25/02/2006 18 YEARS AND 4 MONTHS Female (Phone) +65-91397351 - TANGSIEWHIE@YAHOO.COM BLK 64A #01-58 SOUTH BUONA VISTA ROAD 117326 No Spouse No
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe 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 2 No - Yes 1 No
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	
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? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes SUBMITTED TO WORKSHOP
DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SML1840T - - -

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



#### 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

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## 5. Any false reporting may be referred to the Traffic Police Department for investigation.

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- 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
- (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

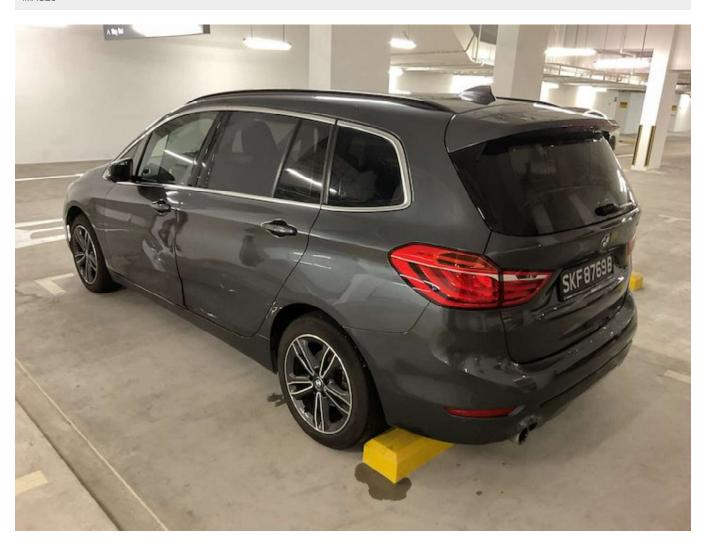
Driver's Sig not the policyholder) / Date & Time

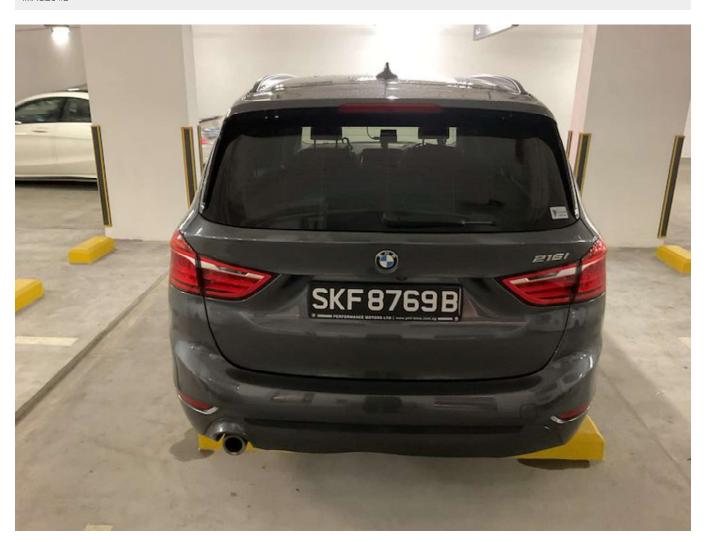
28/06/2024 1430HRS

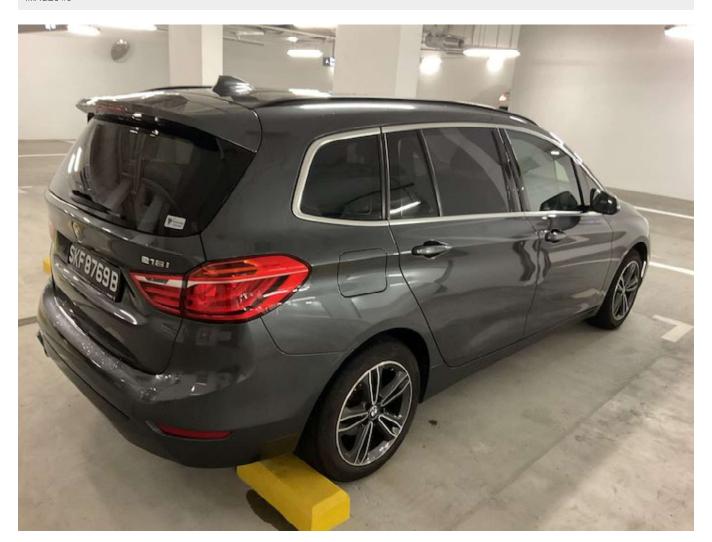
Witnessed by Reporting Centre Personnel

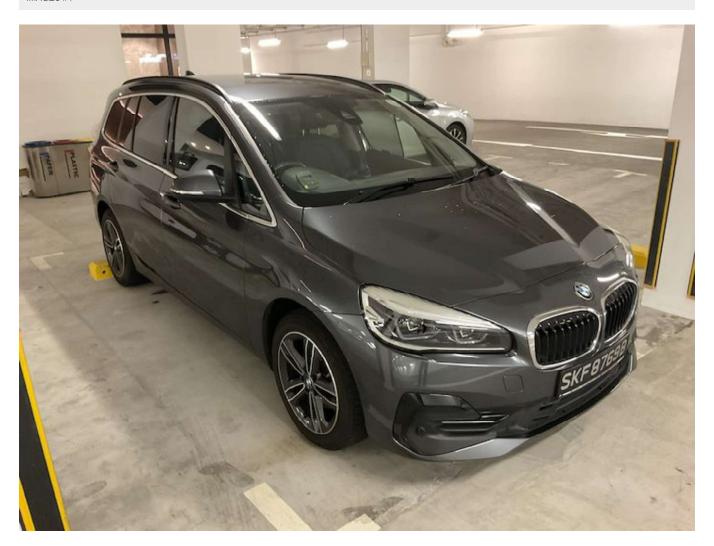
(Name as in NRIC/ID card) Tan Jie Xiong, Shaun

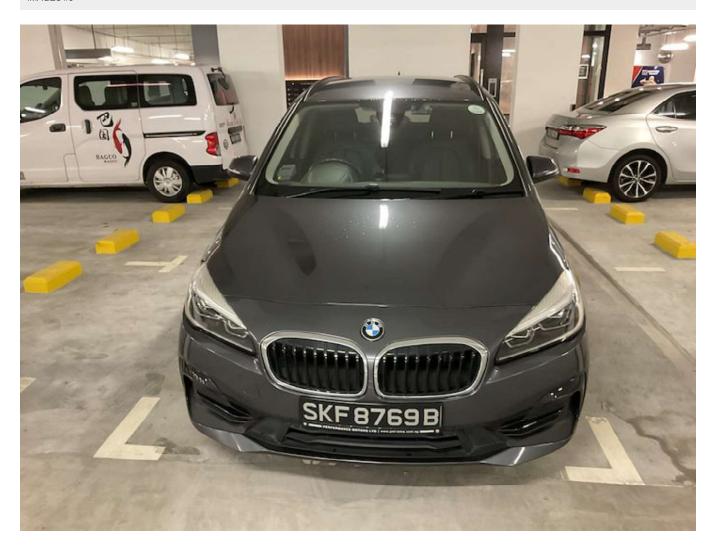
Sketch Plan S996707 - SKF8769B 4 3 2 B - SML1804T **BOON LAY WAY** 









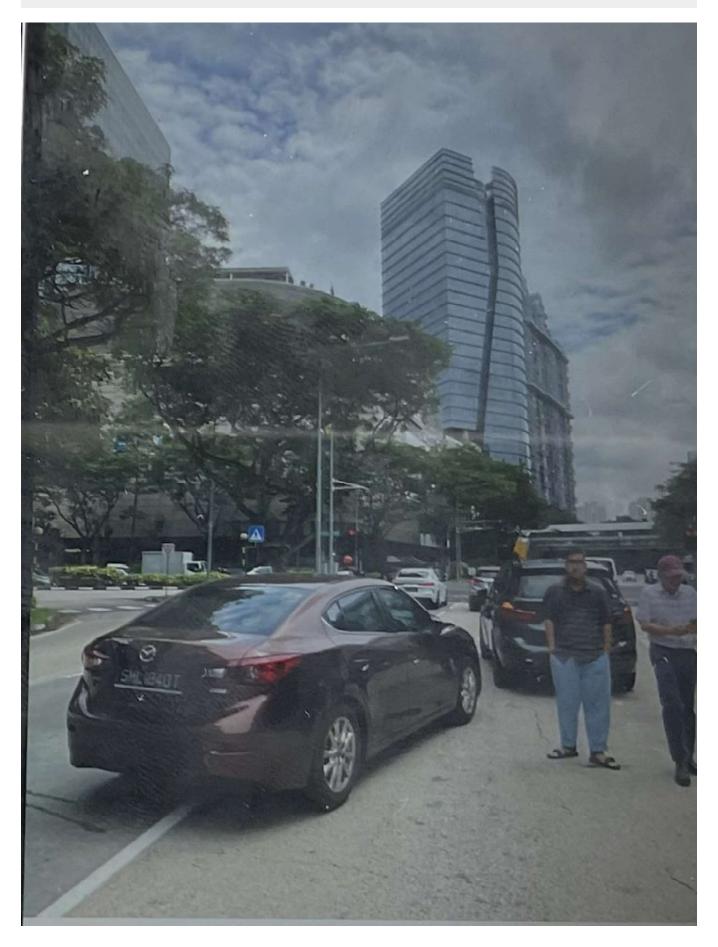














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: \_\_\_SN07246S0003 \_\_\_\_ Vehicle Registration No: SKF8769B S7873484A Name (as shown in MRIC): LILY TANG SIEW HIE NRIC/FIN/Passport No: \_ (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate Address: 64A #01-58 SOUTH BUONA VISTA ROAD S(117326) Singapore ( 91397351 Mobile No.: Contact (Tel):\_ Email Address: TANGSIEWHIE@YAHOO.COM 1230HRS Date of Accident: 27/06/2024 Time of Accident: 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" Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: 29 Jun 2024 Name: Tan Jie Xiong Shaun NRIC/FIN No.: S8627695Z

Date:

29/06/2024

GIARNO Moundam Form