

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 willful 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	04/06/2024 20:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/06/2024 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PUNGGOL FIELD TO PUNGGOL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ912M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY SENG CHONG
NRIC No	S7320927G
Email Address	DAVEEV6B@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93622001
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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 hire
Transmission	Auto
CC	1490

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5144406070

DRIVER

Name of Driver	TAY SENG CHONG
NRIC No	S7320927G
Date Of Birth	21/06/1973
Occupation	Outdoor

Driving Pass Date	10/11/1995
Driving experience	28 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93622001
Alt. Phone Number	-
Email Address	DAVEEV6B@HOTMAIL.COM
Address	APT BKL 122 LORONG 2 TOA PAYOH #10-02
Address complement	-
Postcode	310122
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 - Change/cross lane
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9292Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-98233611

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

IMPORTANT NOTICE

1. This report form is to be used to report a traffic accident involving a motor vehicle.
2. This report form is to be completed by the insured party and submitted to the relevant insurance company.
3. The insured party must be a licensed driver and must be at least 18 years old.
4. The insured party must be a resident of Singapore.
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 real copies of this report will be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report in the Centre and to copies of this report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA):
 - i. I understand, acknowledge, agree and consent that:
 - a. My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 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.
 - b. collectively the "Purposes".
 - ii. That Insurers, who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - iii. That my Personal Information may 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 filed outside of Singapore, for one or more of the above Purposes.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

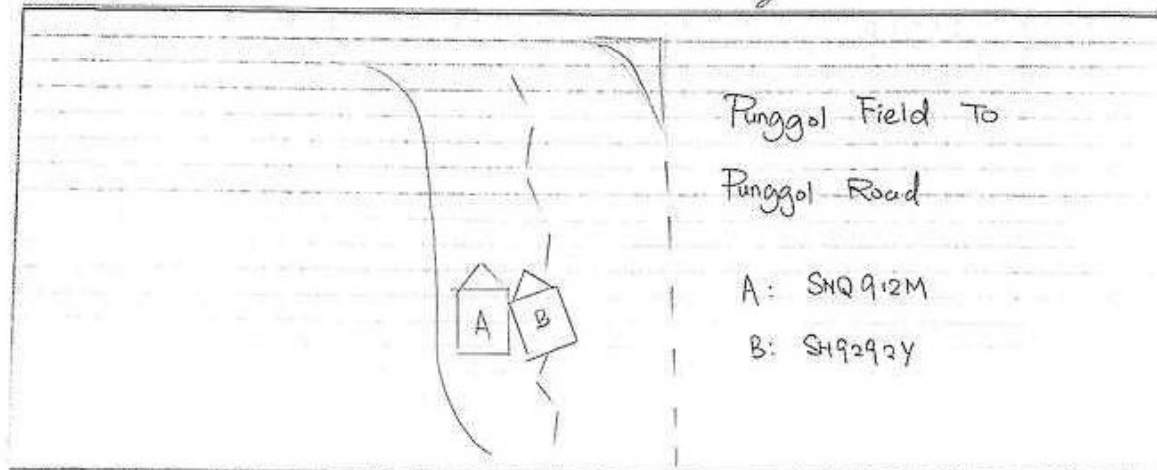
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

04/06/2024
10.45Am



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

Sketch Plan




ON 03/06/2024 AT AROUND 19.20 hrs, I (SNQ912M) was Trivalling 1st lane at Punggol Field To Punggol RD, but Suddenly vehicle B (SN9292Y) cut into my lane and hit my vehicle Right side portion.

we alight and exchange particular.

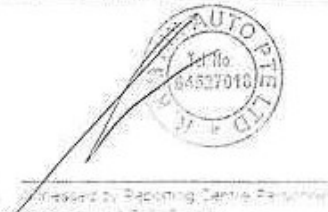
3RD party claims @ Continues -

Declaration:

We declare the foregoing particulars are true in every respect


Driver 1's Signature (to be signed by the Driver)
Date & Time


Driver 2's Signature (to be signed by the Driver)
Date & Time


Witnessed by Reporting Centre Personnel
(Name as in RA Form) Date

