

## 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	08/07/2024 10:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/07/2024 20:00 (SGT)
Exact Location of Accident	Near 551 Ang Mo Kio Ave 10, Block 551, Singapore 560551
Additional Location Information	ALONG ANG MO KIO STREET 54
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8468Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MICHAEL NG SWEE KEAT
NRIC No	SXXXX857I
Email Address	NGSWEEKEAT@GMAIL.COM
Mobile Phone No	(Phone) +65-96911341
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1591

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5146310675

### DRIVER

Name of Driver	MICHAEL NG SWEE KEAT
NRIC No	SXXXX857I
Date Of Birth	14/05/1982
Occupation	Outdoor

Driving Pass Date	01/03/2002
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96911341
Alt. Phone Number	-
Email Address	NGSWEEKEAT@GMAIL.COM
Address	BLK 415D NORTHSHORE DRIVE #23-579
Address complement	-
Postcode	824415
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 - Head to Rear
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)	3
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	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ON CTE AND EXITING AMK AVE 5 (EXIT 12B) EXIT WHEN THE LORRY INFRONT OF ME SLOW DOWN AND BREAK. I ALSO SLOW DOEN AND STOP THE CAR TO A COMPLETE STOP. HOWEVER, THE VAN BEHIND BEARING THE REGISTRATION NU,BER GBD7993T DID NOT COME TO A STOP AND COLLIDED INTO MY REAR. MY VEHICLE REGISTRARION BU,BER SMA8468Y WAS REAR-ENDED BY THE VAN. THE REAR OF MY CAR WAS DAMAGED. AS I WAS DRIVING PHV AT THAT TIME, THERE WAS 2 PASSENGERS IN THE CAR.



## 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 GBD7993T  
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) -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person MICHAEL NG SWEE KEAT  
Gender -  
Phone No -  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained -  
Injured person in which vehicle? SMA8468Y  
Were seat belts worn? Yes  
Was this injured conveyed to hospital by ambulance? No



**SKETCH PLAN**

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**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

*[Signature]*

Policyholder's Signature / Date & Time

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



*[Signature]*

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

**Sketch Plan**

Vehicle A: SMA 8468Y

Vehicle B: GBD 7003T

Location: Along Ang Mo Kio Street 64.

vJun2022

Describe Circumstance of the Accident

REFER TO GIA REPORT

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only

Claim OD

Claim TP

☒ Claim OD ☐ TP at other workshop

### Declaration

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

Ann

Policyholder's Signature / Date & Time

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



7th

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