

# 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 .....	24/11/2023 14:07 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	23/11/2023 12:50 (SGT)
Exact Location of Accident .....	Jalan Bukit Merah, Singapore
Additional Location Information .....	TOWARDS HOYFATT ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD7898E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LAU SUIT MUI
NRIC No .....	S7177263B
Email Address .....	raelene.lau1@icloud.com
Mobile Phone No .....	(Phone) +65-81800588
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	ODYSSEY 2.4 EXV-S CVT SR
Variant .....	2.4 EXV-S CVT SR
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2356

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D23MPCM001138

### DRIVER

Name of Driver .....	LAU SUIT MUI
NRIC No .....	S7177263B
Date Of Birth .....	06/10/1971
Occupation .....	Indoor

Driving Pass Date .....	04/09/1995
Driving experience .....	28 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81800588
Alt. Phone Number .....	-
Email Address .....	raelene.lau1@icloud.com
Address .....	2F JALAN EMAS URAI
Address complement .....	-
Postcode .....	678727
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	PHOEBE CHANG
Gender .....	Female

#### 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

ON THE DATE 23/11/2023 AT ABOUT 1250HRS WHILE I WAS DRIVING VEHICLE (A) SMD7898E ALONG JALAN BUKIT MERAH TOWARDS HOYFATT ROAD ON LANE 2 ON THE WAY TO SEND MY DAUGHTER TO WORK AT ENABLING VILLAGE SUDDENLY VEHICLE (B) SHD5501Y THAT WAS TRAVELLING INFRONT OF VEHICLE (A) SLOWED DOWN VEHICLE (B) AND STOPPED STATIONARY AFTER REALISING THIS I ALSO APPLIED THE BRAKES BUT DID NOT MANAGE TO STOP ON TIME AND REAR ENDED VEHICLE (B) IT WAS A SLIGHT TOUCH ON VEHICLE (B) ONLY. NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL.

#### 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 .....	SHD5501Y
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	PRIUS 5DR HATCHBACK (AUTO)
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Taxi
Name of Driver .....	SEE SENG LEE
NRIC No .....	S1479673H
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	RIGHT HAND SIDE REAR
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

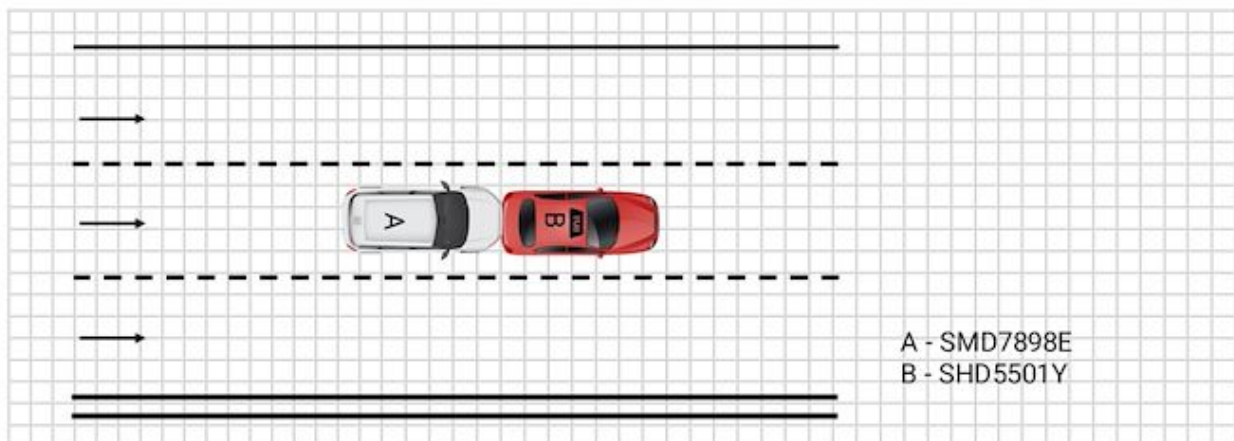
Policyholder's Signature / Date & Time

**Sketch Plan**

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

23112023  
2355HRS

Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

ON THE DATE 23/11/2023 AT ABOUT 1250HRS WHILE I WAS DRIVING VEHICLE (A) SMD7898E ALONG JALAN BUKIT MERAH TOWARDS HOYFATT ROAD ON LANE 2 ON THE WAY TO SEND MY DAUGHTER TO WORK AT ENABLING VILLAGE SUDDENLY VEHICLE (B) SHD5501Y THAT WAS TRAVELLING INFRONT OF VEHICLE (A) SLOWED DOWN VEHICLE (B) AND STOPPED STATIONARY AFTER REALISING THIS I ALSO APPLIED THE BRAKES BUT DID NOT MANAGE TO STOP ON TIME AND REAR ENDED VEHICLE (B) IT WAS A SLIGHT TOUCH ON VEHICLE (B) ONLY. NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL.

## Declaration

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

23112023  
2355HRS



Witnessed by Reporting Centre Personnel



















