

# 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 Authorised 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 Submission ..... 20/04/2021 14:53 (SGT)  
Date of Accident ..... 18/04/2021 20:50 (SGT)  
Exact Location of Accident ..... Jln Sayang, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKU4924S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Tok Ban Tin  
NRIC No ..... SXXXX142B  
Email Address ..... bantin\_tok@yahoo.com  
Mobile Phone No ..... (Phone) +65-97436080  
Alternative Phone No ..... +65-97436080

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... C180  
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 ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D19MPC0003708\_01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Tok Ban Tin  
NRIC No ..... SXXXX142B

Date Of Birth .....	21/03/1963
Occupation .....	Indoor
Date Of Driving Pass .....	26/09/1987
Driving experience .....	33 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97436080
Alt. Phone Number .....	+65-97436080
Email Address .....	bantin_tok@yahoo.com
Address .....	Block 184 Edgefield Plains
Address complement .....	#11-282
Postcode .....	820184
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 .....	Collided into Parked Vehicle
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 material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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 18.04.2021, I parked my car (A:SKU4924S) along Jalan Sayang at about 4.45pm to my uncle in law house, No. 4 Jalan Selamat. At about 8.50pm, I went to retrieve my car and found a vehicle (B: SGX561M) had bumped his front bumper to my car's rear bumper. I then move my car forward to check if any damaged and found my car's rear bumper paint off. I looked at the car plate and doesn't seem familiar. I then thought of the Mosque as there could be prayer there. As the prayer was ongoing, the incharge went with me to my car again and take a look at the car. Afterwhich, he then returned to the Mosque and about 9.15pm, the owner of vehicle B came with the Mosque's incharge. He apologised and asked me to send my car to his workshop (Ibrahim & Wee Motor @Kaki Bukit). On 19.04.2021 morning, I called Ah Wee of his workshop to arrange with him when I can go for the repair. He then quoted \$1000 and required 3 days which I informed the owner of Vehicle B of his own workshop quotation. Thereafter, he changed his mind to proceed with Insurance claims. My car has slight damaged on its rear portion.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGX561M
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	Gakaria
Contact Number .....	(Phone) +65-90110849
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	0

#### WITNESS DETAILS

##### WITNESS 1

Name .....	My wife, aunty, uncle and the Mosque Incharge.
Phone .....	-
Email .....	-

## SKETCH PLAN

## IMPORTANT NOTICE

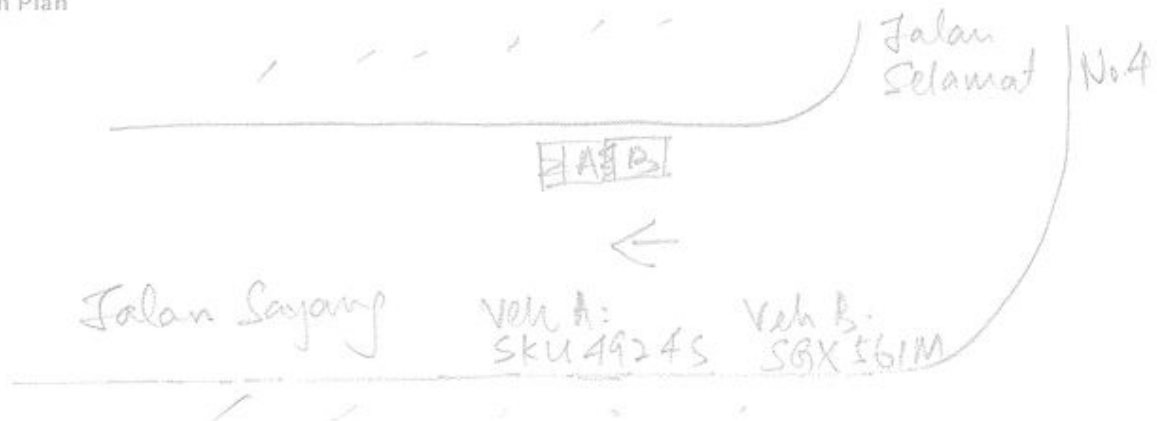
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 20/04/2021 1pm  
 Policyholder's Signature / Date & Time

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

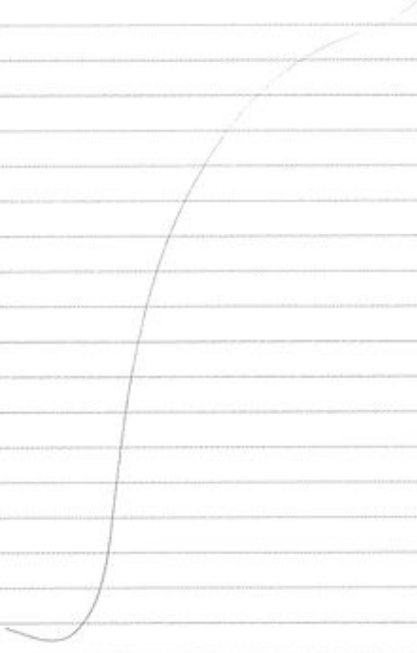
  
 Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

per to accident statement.



Declaration

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

 20/04/2021 1pm  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel



























**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: ST0J21440003 Vehicle Registration No: SKY49245  
 Name (as shown in NRIC): Tok Ban Tin NRIC/FIN/Passport No: S1111/42B  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Block 184 Edgefield Plains #11-282 Singapore (820184)  
 Contact (Tel): - Mobile No.: 9743 6080  
 Email Address: bantin\_tok@yahoo.com  
 Date of Accident: 18/01/2021 Time of Accident: 2050 hrs  
 Place of Accident: Jalan Sayang  
 Insurance Company: Indy International Insurance

**(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:

1. The Vehicle number should be SKY49245 instead of SKY49295

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Lum Wai Shun  
NRIC/FIN No.: 37011  
Date: 20/01/2021

SPR010-01-01-01-01-01