

# 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 ..... 05/08/2021 16:58 (SGT)  
Date of Accident ..... 26/07/2021 15:30 (SGT)  
Exact Location of Accident ..... Bendemeer, Singapore  
Additional Location Information ..... Bendemeer Road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD2475E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... B & J Link  
Company Reg No ..... 53120519C  
Email Address ..... bnjlink@gmail.com  
Mobile Phone No ..... (Phone) +65-82993413  
Alternative Phone No ..... +65-82993413

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D19MCV0004034\_01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Jong Voon Sun  
NRIC No ..... S1832576D

Date Of Birth .....	04/11/1967
Occupation .....	Indoor
Date Of Driving Pass .....	03/03/1990
Driving experience .....	31 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82993413
Alt. Phone Number .....	-
Email Address .....	BNJLINK@GMAIL.COM
Address .....	240 SERANGOON AVE 2 #12-75
Address complement .....	-
Postcode .....	550240
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER OF COMPANY
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? .....	No
Number of Passengers (Including Driver) .....	1
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? .....	-

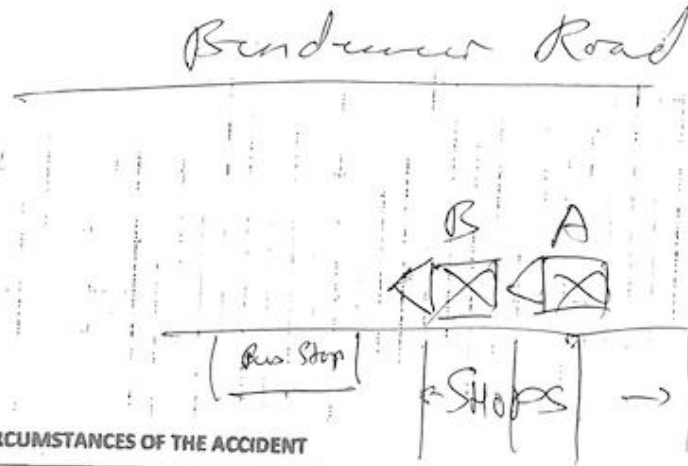
#### CIRCUMSTANCES OF ACCIDENT

Please refer to statement attached

#### ATTACHMENT(S)

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight on Bendamer Road and did not manage to ~~stop~~ <sup>brake in time</sup> when I noticed the car in front ~~in time~~ thereby hitting the car in front.

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:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:









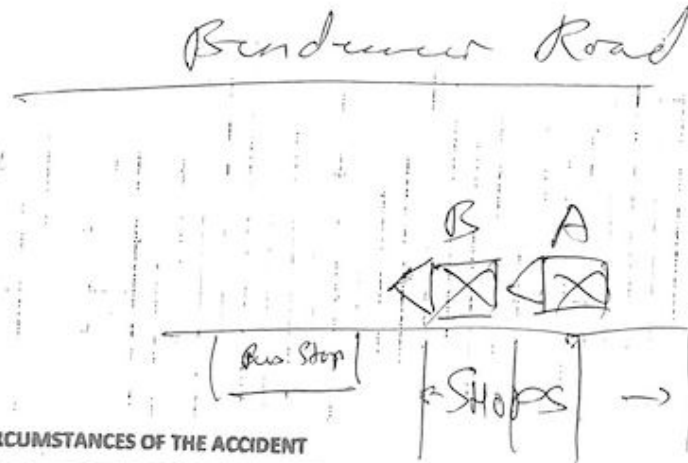








## SKETCH PLAN





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight on Bendamer Road and did not manage to ~~stop~~ <sup>brake in time</sup> when I noticed the car in front ~~in time~~ thereby hitting the car in front.

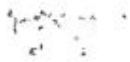
## DECLARATION

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:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



### SKETCH PLAN

### IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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 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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

B&J Link.  
53120519-C

Personal Particulars

Date of Accident: 26/8/21 (dd/mm/yy) Time of Accident: 15:30 (24 Hrs)  
 Vehicle No: GBD2475E Vehicle Make/Model: Toyota HiAce  
 Exact Location of Accident: Burdeau Road  
 Owner's Name / IC No: B&J Link  
 Owner's Contact No: 82993413 Owner's Email\*: brijlink@gmail.com  
 Driver's Name / IC No: Jong Voon Sun  
 Driver's Contact No: 82993413 Driver's Email\*: brijlink@gmail.com  
 Relationship between Owner & Driver: Spouse/Children/Friend/Parents/  
 Others please specify: \_\_\_\_\_ Insurance Company & Policy No: \_\_\_\_\_

Does the driver own any other vehicle?

Yes / No If Yes, Vehicle no. \_\_\_\_\_ & Insurance Company & Policy No: D19MCV0004034  
Indin -01

What do you wish to claim? (Please circle one only) \*Number of passengers (Including Driver): \_\_\_\_\_

Own Insurance / Third Party / Reporting Only

Exact purpose for which the vehicle was being used at the time of accident?

Private use / Work purpose

Ins - Coverage  
4/8/20 to 10/8/21

Weather condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Any Witness?

\*Any Video?

Indoor / Outdoor

Yes / No If Yes, please specify \_\_\_\_\_

Yes / No

Any Injuries? (Police report is required if mc is above 3 days)

\*Seat Belt?

Yes / No If Yes, which police station, which part? \_\_\_\_\_

Yes / No

Third Party (Vehicle B) details:

Driver's Name/IC No: \_\_\_\_\_ Vehicle No: SKW

Third Party Insurance: \_\_\_\_\_ Driver's Contact No: \_\_\_\_\_

Other's Vehicle Involved (If applicable)

Vehicle C: \_\_\_\_\_ Vehicle D: \_\_\_\_\_ Vehicle E: \_\_\_\_\_

Was any foreign vehicle involved in this accident?

If yes, Foreign Vehicle Registration Number: \_\_\_\_\_