

SS1221810002 | Success United Pte Ltd
ENTRY DATE & TIME: 18/08/2021 16:24 (SGT)
SUBMITTED BY: Angel Lim
VERSION: 1 (18/08/2021 16:24 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Insured Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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: 18/08/2021 16:24 (SGT)
Date of Accident: 18/08/2021 10:30 (SGT)
Exact Location of Accident: Near 4 Tampines Rd, Singapore 535061
Additional Location Information: Open Carpark, Of Bk. 205 & Bk. 209 Hougang St 21
Country/State of Loss: Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SLH8823E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner: Low Seow Boon
NRIC No: S1756702J
Email Address: slbow1234@gmail.com
Mobile Phone No: (Phone) +65-96358530
Alternative Phone No: +65-96358530

VEHICLE PARTICULARS

Manufacturer: Honda
Model: Civic
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: 1500

INSURANCE COMPANY

Name of Insurance Company: Indica International Insurance Pte Ltd
Type of Coverage: Comprehensive
Fleet Policy: No
Policy Number: D20MPC0006039
Cover Note Number: -

DRIVER

Name of Driver: Low Seow Boon
NRIC No: S1756702J

Date Of Birth: 01/08/1966
Occupation: Indoor
Date Of Driving Pass: 16/06/2004
Driving experience: 17 YEARS AND 2 MONTHS
Gender: Male
Mobile Number: (Phone) +65-96358530
Alt. Phone Number: +65-96358530
Email Address: slbow1234@gmail.com
Address: 47 Lowland Road
Address complement: Singapore
Postcode: 547446
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 - Major/Minor Rd
Weather Conditions: Drizzling
Road Surface: Wet

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): 2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name: Evelyn Teh
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

Refer Sketch Plan

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number: SJJ2685P
Vehicle Manufacturer: -
Vehicle Model: -
Vehicle Variant: -
Vehicle Colour: -
Vehicle Category: Private car

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SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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. The 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.
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 firm/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (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/postal 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 firm/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/are disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firm/law firms), which may be asked outside of Singapore, for one or more of the above Purposes.

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

On 18 Aug 2021 at about 10.30am, my wife was with me while I was driving my Vehicle SUH8823E at an Open Space Carpark near Blk 205 & 209 Hougang St 21.

I was driving slowly towards the exit gantry, suddenly a Vehicle from my right side Parking lot No 206, abruptly dash out of the parking lot and cut onto my path. I jammed on my brake and tried to swerve to avoid, but Vehicle SJJ2685P still collided on to my vehicle front right portion.

My wife and I was shocked by this accident, and we took a while to calm ourselves down. I alighted from my vehicle and took some accident scene photos before shifting to the side to continue exchange particulars.

After we reached home, we felt some body discomfort and fast heart beat rate, we went to see our family doctor and was given 62 days MC to rest.

I have video footages.

NOTE: Please note that your insurer may have 34 days time frame for you to submit an Own Damage claim under your own policy. Please check your policy for more information.

Please state:

☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

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

Witnessed by Reporting Centre Personnel