



## 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 Authorized 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 and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false recording 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 abroad.
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### 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 Blk 205 & Blk 209 Hougang St 21  
Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH8823E

INSURED/POLICY HOLDER

Is company? No  
Name Of Registered Owner Low Seow Boon  
NRIC No S1756702J  
Email Address sbow1234@gmail.com  
Mobile Phone No +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 India 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 +65-96358530  
Alt. Phone Number +65-96358530  
Email Address sbow1234@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



# SKETCH PLAN

## IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to **rescind 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 GAA 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)**  
Understand, advise and agree and consent that:  
(a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data (including my Personal Information) and other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and/or use the same for the purpose of processing my claim; and  
(b) I have insured vehicle(s) involved in this accident (all insured vehicle(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insured(s)"); the Insured(s) lawfully provide their name, 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 claim;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claim (including the making 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 claim.  
(collectively the "Purposes")  
(b) all insured vehicle(s) involved in the accident and the Insured(s) lawfully provide their name, may be 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 be disclosed by any of the Insured(s) and/or GIA to their third party service providers or agents (including their law firm/law firms), which may be based 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 SUH8823G 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 SJS2685P 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 82 days MC to rest.

I have video footages.

NOTE: Please note that your insurer may have 14 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 \_\_\_\_\_

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	702J
<b>Vehicle Details</b>	
Vehicle No.:	SLH8823E
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Aug 2021
Vehicle Make:	HONDA
Vehicle Model:	CIVIC 1.5 TURBO VTIS SR
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	L15B71625055
Chassis No.:	MRHFC1660GT000192
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$26,078.00
Original Registration Date:	26 Oct 2016
First Registration Date:	26 Oct 2016
Transfer Count:	0
Actual ARF Paid:	\$23,510.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Oct 2026
PARF Rebate Amount:	\$17,632.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	25 Oct 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,089.00
COE Rebate Amount:	\$29,084.00
<b>Total Rebate Amount:</b>	<b>\$46,716.00</b>

The information contained herein is correct as at 18 Aug 2021

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