



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	18/10/2021 17:05 (SGT)
Date of Accident	16/10/2021 22:05 (SGT)
Exact Location of Accident	Stadium Blvd, Singapore
Additional Location Information	STADIUM BLVD ROUNDABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB6180X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PAN YING
NRIC No	SXXXX457G
Email Address	A3669B@GMAIL.COM
Mobile Phone No	(Phone) +65-96389230
Alternative Phone No	(Home) +65-96389230

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5079166283-05
Cover Note Number	-

DRIVER

Name of Driver	DOWNIE BRENTON JEFF
NRIC No	SXXXX380B



Date Of Birth	15/07/1980
Occupation	Indoor
Date Of Driving Pass	11/10/2012
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-96389230
Alt. Phone Number	-
Email Address	A6679B@GMAIL.COM
Address	171 TANJONG RHU ROAD
Address complement	#07-04
Postcode	436931
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 on collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	PAN YING
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 TO SKETCH PLAN 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS3243S
Vehicle Manufacturer	Mazda
Vehicle Model	Cx-3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PAN YING
Gender	Female
Phone No	-
Address	171 TANJONG RHU RD
Address Complement	#07-04
Post Code	436931
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLB6180X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

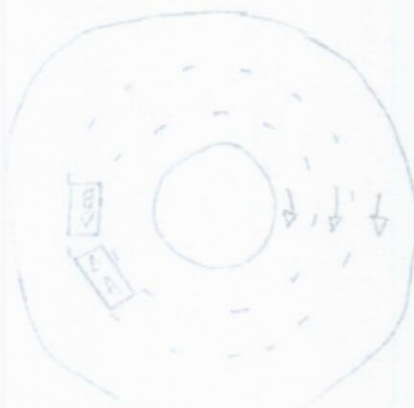
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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 insurers 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.

B. P. D. M. I.
Policyholder's Signature / Date & Time

Sketch Plan

B. P. D. M. I. 17/10/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel



Vehicle 1: 51B 6180X

Vehicle 2: 51B 32 436

Circumstances of the Accident

On Saturday 16 October 2021 at 22:05pm my vehicle SUB6180X was travelling in correct direction around Stadium Blv round about. All of sudden vehicle SMS32435 coming around roundabout in the incorrect (against traffic flow) direction and collided head-on.


The police were called to the scene and took the statement and details including video recorder from SMS32435. Ambulance also arrived at the scene as my wife (passenger) had head pain. My wife was conveyed to Tan Tock Seng.

Declaration

We declare the foregoing particulars are true in every respect.

B. P. N. N. N.
Policyholder's Signature / Date & Time

B. P. N. N. N. 17/10/2021
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Police Personnel