

# 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 .....	04/03/2022 13:56 (SGT)
Date of Accident .....	04/03/2022 08:10 (SGT)
Exact Location of Accident .....	Bukit Timah Rd, Singapore
Additional Location Information .....	TOWARDS WHITLEY ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMP8083U
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ESTEEM PERFORMANCE PTE LTD
Company Reg No .....	200005485N
Email Address .....	carmen@esteemperf.com.sg
Mobile Phone No .....	(Phone) +65-97637633
Alternative Phone No .....	(Office) +65-67532112

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Noah
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1797

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	Yes
Policy Number .....	D20MFL004551
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ONG BOON HUA
NRIC No .....	S6827946A

Date Of Birth .....	26/07/1968
Occupation .....	Outdoor
Date Of Driving Pass .....	15/01/1996
Driving experience .....	26 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97637633
Alt. Phone Number .....	-
Email Address .....	carmen@esteemperf.com.sg
Address .....	BLK 25A ST. GEORGE'S LANE #24-43
Address complement .....	-
Postcode .....	321025
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Side Swipe
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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### 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 04/03/2022 AT AROUND 0810HRS, I WAS DRIVING MY VEHICLE A (SMP8083U) ALONG THE EXTREME LEFT LANE AT THE CONTROLLED CROSS JUNCTION OF BUKIT TIMAH ROAD INTENDING TO MAKE A RIGHT TURN TOWARDS WHITLEY ROAD. I WAS NEGOTIATING A RIGHT BEND WHEN VEHICLE B (GBA4368J) WHO WAS ALSO TURNING RIGHT COLLIDED ONTO THE REAR RIGHT WHEEL ARCH AREA. THERE WAS DAMAGES AND I AM INJURED ON THE NECK AREA.

#### 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 .....	GBA4368J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-82857974
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	4

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	ONG BOON HUA
Gender .....	Male
Phone No .....	(Phone) +65-97637633
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURIES ON NECK AND BACK
Injured person in which vehicle? .....	SMP8083U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

### 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. 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' 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.

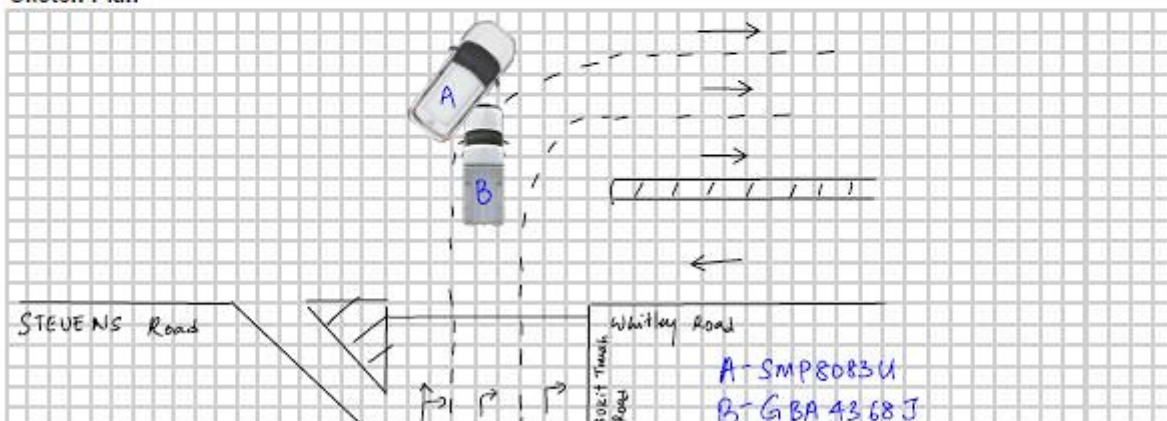
(collectively the "Purposes")

(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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time 4/3/22 12:20	Witnessed by Reporting Centre Personnel KHAIRUL
---	--	---

### Sketch Plan



## Describe Circumstances of the Accident

ON 04/03/2022 AT AROUND 08:10HRS, I WAS DRIVING MY VEHICLE A SMP8083U ALONG THE EXTREME LEFT LANE AT THE CONTROLLED CROSS JUNCTION OF BUKIT TIMAH ROAD INTENDING TO MAKE A RIGHT TURN TOWARDS WHITLEY ROAD. I WAS NEGOTIATING A RIGHT BEND WHEN VEHICLE B GBA4368J WHO WAS ALSO TURNING RIGHT COLLIDED ONTO THE REAR RIGHT WHEEL ARCH AREA. THERE WAS DAMAGES AND I AM INJURED ON THE NECK AREA.

## 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 4/3/22 1220

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel KAMIRUL





















