

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 06/06/2022 16:39 (SGT)
Date of Accident 05/06/2022 23:45 (SGT)
Exact Location of Accident Jln Rengkam, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS2960Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Low Boon Keng
NRIC No S1232686F
Email Address hupmotor@gmail.com
Mobile Phone No (Phone) +65-91133391
Alternative Phone No +65-91133391

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D22MPC0002769
Cover Note Number -

DRIVER

Name of Driver Low Jia Hao
NRIC No S9344652F

Date Of Birth	12/11/1993
Occupation	Indoor
Date Of Driving Pass	07/05/2015
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97280655
Alt. Phone Number	-
Email Address	coreylowjiahao93@gmail.com
Address	Blk 420 Hougang Ave 10, #11-321
Address complement	-
Postcode	530420
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
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

Kindly 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	SLM4644E
Vehicle Manufacturer	Lexus
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Andrew Lim
Contact Number	(Phone) +65-88581616
Address	-
Address complement	-

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

SKETCH PLAN**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 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.

[Signature]
6/6/22
Policyholder's Signature / Date & Time

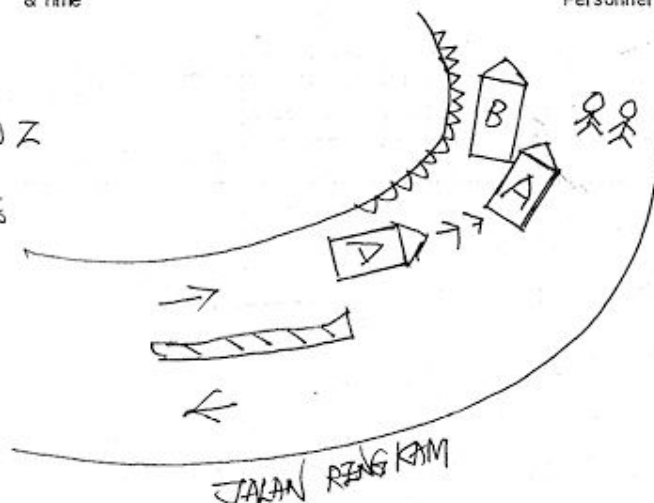
[Signature] 6/6/22
Driver's Signature (If driver is not the policyholder) / Date & Time

HUP MOTOR TRADING & SERVICE
Sandy Loo
Witnessed by Reporting Centre Personnel

• **Sketch Plan**

A : SL82960Z

B : SM466KZ



Describe Circumstances of the Accident

On 5th June 2022, 11:45pm, driving along Jalan rengkam, was about to pass something to a friend, The road was narrow.


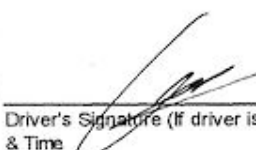
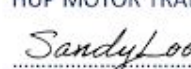
There is a divider between 2 lanes and Car B was parking right in front of the roadway and there were 2 civilian walking on the road.

Upon seeing me behind they slowly walked over to the pavement. So while I steer towards to the right to avoid Car B, to turn back straight I steered back to the left and scratch the back of Car B.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD Claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time frame from the day of occurrence.	Reporting Only	
	Claim OD	Y/L
	Claim TP	
	Claim OD / TP at other Workshop	

Declaration

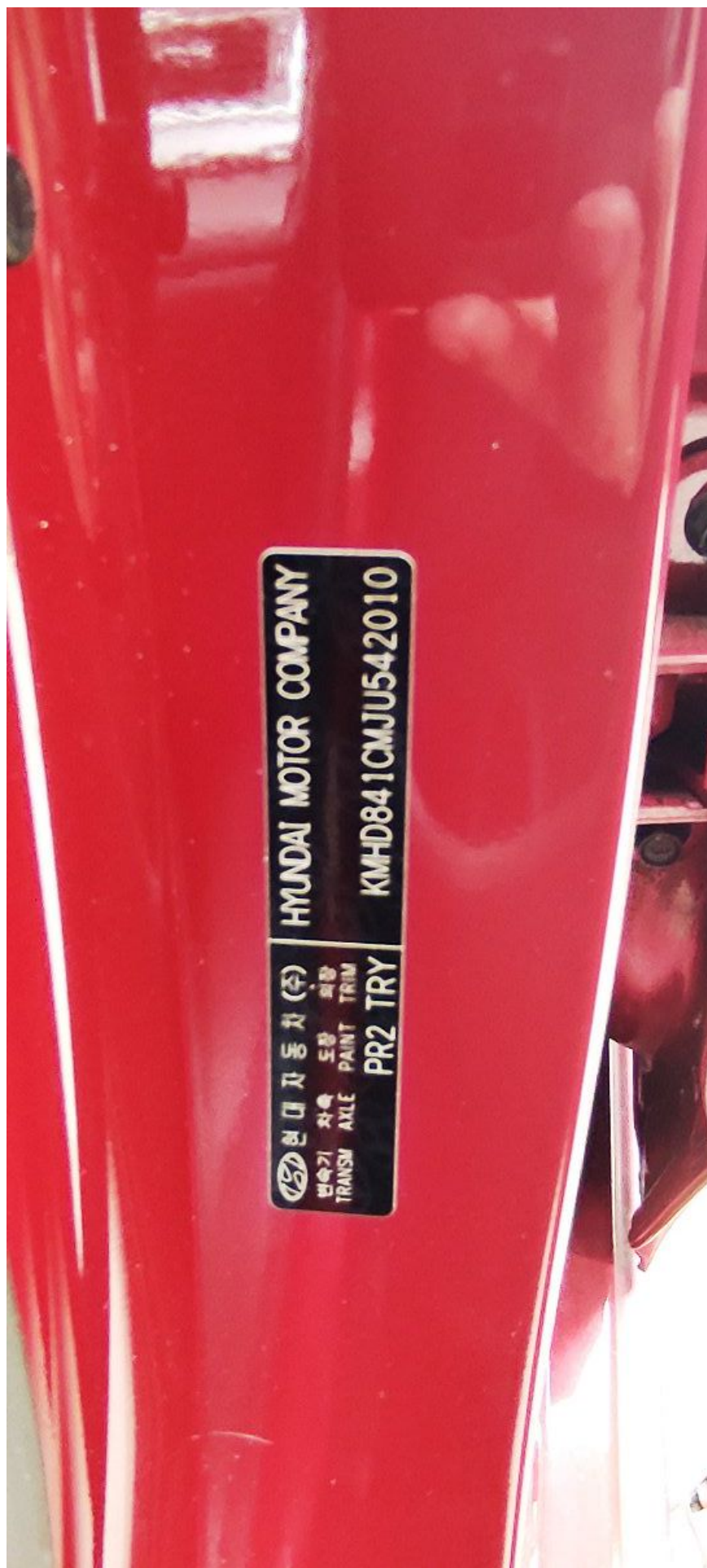
We declare the foregoing particulars are true in every respect.

 6/6/22 Policyholder's Signature / Date & Time	 6/6/22 Driver's Signature (If driver is not the policyholder) / Date & Time	HUP MOTOR TRADING & SERVICE  6/6/22 Witnessed by Reporting Centre Personnel
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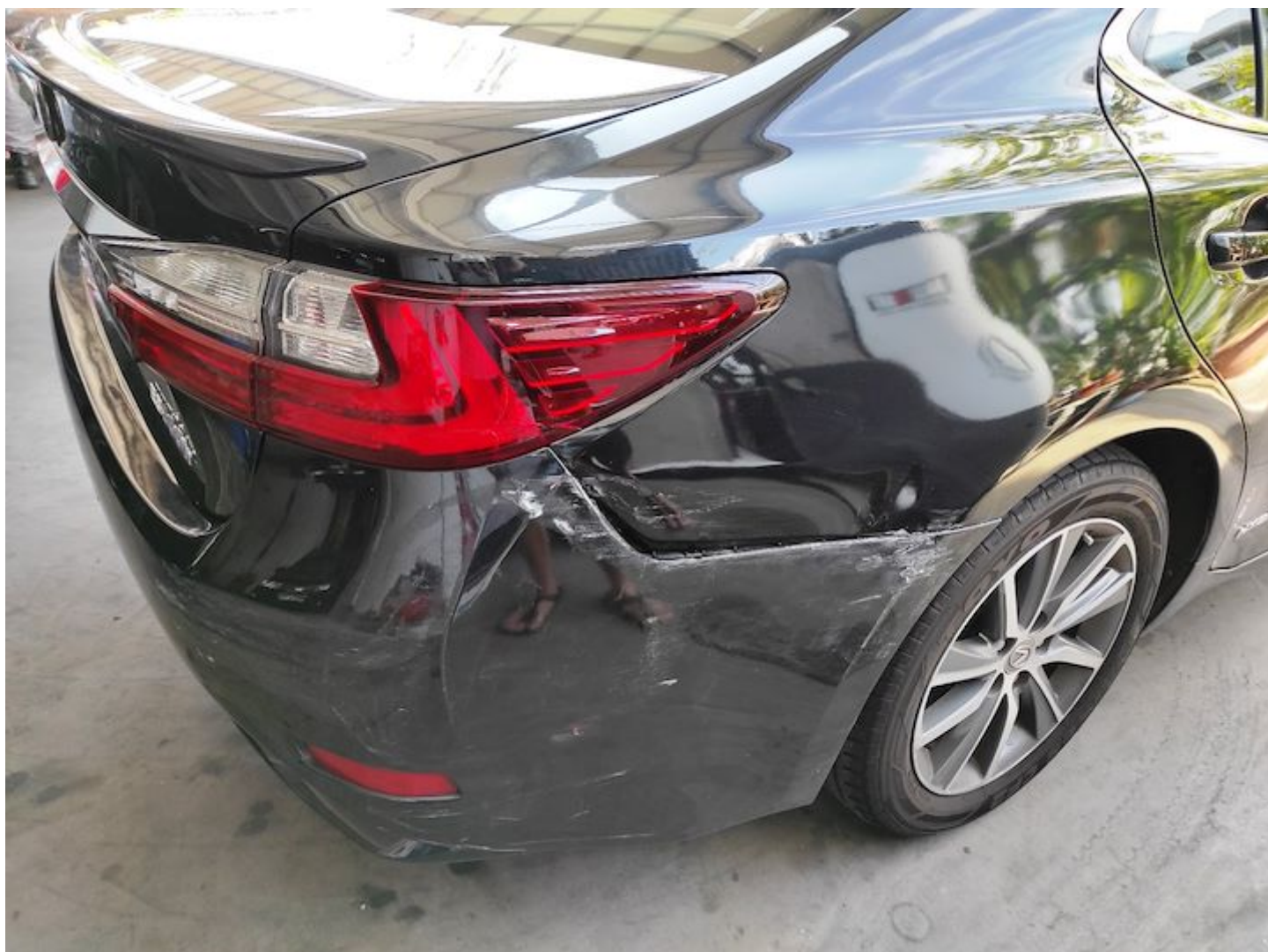














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SH0622660002 Vehicle Registration No: SLS2960Z
 Name (as shown in NRIC): Low Boon Keng NRIC/FIN/Passport No: S1232686F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 420 Hougang Ave 10, #11-321 Singapore (530420)
 Contact (Tel): _____ Mobile No.: 9113 3391
 Email Address: hupmotor@gmail.com
 Date of Accident: 05/06/2022 Time of Accident: 23:45hrs
 Place of Accident: Jalan Rengkam
 Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amended Accident correct time should be : 23:45 (SGT)

 Policyholder / Driver's Signature
 Date:

HUP MOTOR TRADING & SERVICE

Sandy Loo

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