

# 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 ..... 17/06/2022 16:28 (SGT)  
Date of Accident ..... 16/06/2022 17:17 (SGT)  
Exact Location of Accident ..... Near 849 Yishun Ring Rd, Singapore 760849  
Additional Location Information ..... Car Park Exit Between Blk 849 (NTUC) & 848A (MSCP) towards Yishun Ring Rd.  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDW5905M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Loo Chwee Ngoh  
NRIC No ..... SXXXXX300C  
Email Address ..... sandyloo88@gmail.com  
Mobile Phone No ..... (Phone) +65-98480350  
Alternative Phone No ..... +65-98480350

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... Saloon  
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 ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D18MPC0001351\_03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Loo Chwee Ngoh

NRIC No .....	SXXXX300C
Date Of Birth .....	26/12/1964
Occupation .....	Indoor
Date Of Driving Pass .....	31/08/1984
Driving experience .....	37 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98480350
Alt. Phone Number .....	+65-98480350
Email Address .....	sandyloo88@gmail.com
Address .....	Blk 241 Yishun Ring Road #08-1096
Address complement .....	-
Postcode .....	760241
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 - Head to Rear
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? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLK850M
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	Cla200
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Private car
Name of Driver .....	Png Lee Sang
NRIC No .....	SXXXX623E
Contact Number .....	(Phone) +65-97552932

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN**

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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:

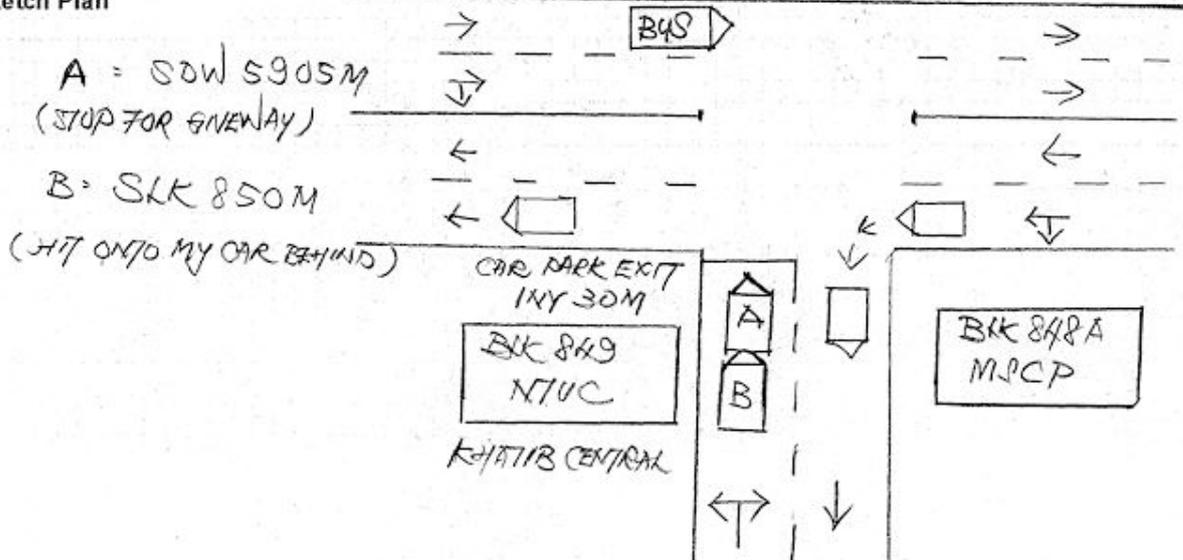
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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	Witnessed by Reporting Centre Personnel
	JINSHAN RING RD BKK 626	

**Sketch Plan**



**Describe Circumstances of the Accident**

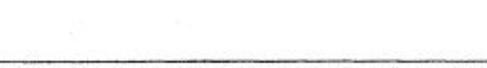
ON 16th JUNE 2022 AT ABOUT 17:17 HRS, MY CAR (A) WAS STATIONARY WITH MY CAR RIGHT TURN SIGNAL ALONG THE CAR PARK EXIT FOR ONE WAY TO THIS TRAFFIC ON THE MAIN RD (N/S/W RING RD) FEW SECONDS LATER, SUDDENLY CAR (B) - PLK 856 M HIT ONTO MY CAR BEHIND, FORCING MY CAR MOVE FORWARD. MY CAR GOT VIDEO FOOTAGE FOR THE ACCIDENT EVIDENCE.

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

**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





















