

# 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 Actual 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 ..... 15/08/2022 14:23 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 07/08/2022 14:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AMBER ROAD X MARINE PARADE ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMQ7753X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KINTO SINGAPORE PTE LTD  
Company Reg No ..... 2XXXXX445H  
Email Address ..... kokhow.tay@lumens.sg  
Mobile Phone No ..... (Phone) +65-87781765  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
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  
Policy Number / Cover Note Number ..... 5126757065

### DRIVER

Name of Driver ..... MUHAMMAD IDRIS BIN AHMAD  
NRIC No ..... SXXXX904C  
Date Of Birth ..... 29/05/1978  
Occupation ..... Outdoor

Date Of Driving Pass .....	15/09/1989
Driving experience .....	32 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92955946
Alt. Phone Number .....	-
Email Address .....	andy.quek@lumens.sg
Address .....	47 JALAN TIGA #02-38
Address complement .....	-
Postcode .....	390047
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Female

#### PASSENGER 3

Name .....	PASSENGER
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

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
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Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... VIDEO FOOTAGE WITH OWNER

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SFZ5246S  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... WONG  
Contact Number ..... (Phone) +65-92708891  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

**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.

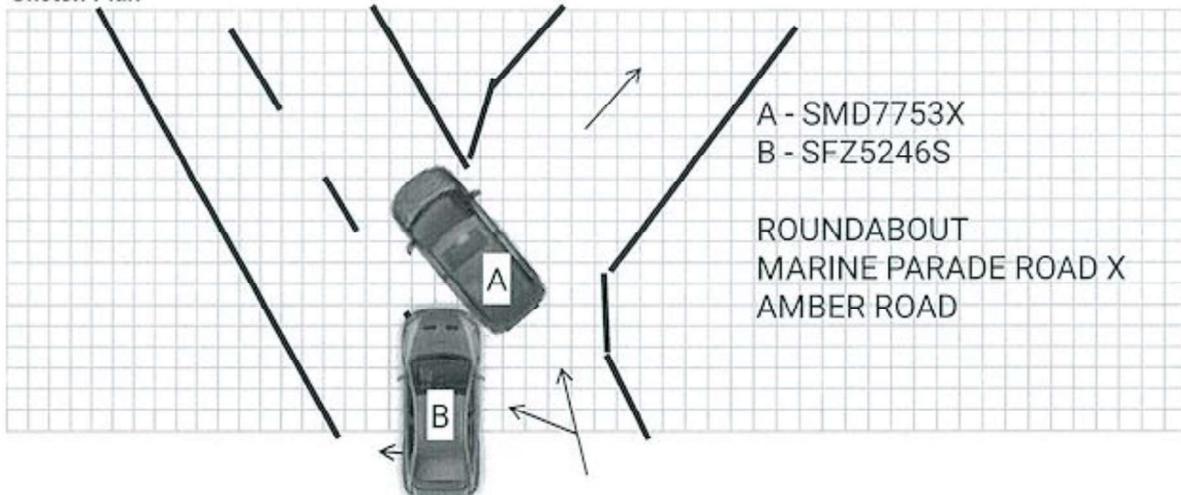
(collectively the "Purposes")

(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.

<p>_____ Policyholder's Signature / Date &amp; Time</p>	<p style="text-align: center;"><i>[Signature]</i></p> <p>_____ Driver's Signature (if driver is not the policyholder) / Date &amp; Time</p> <p style="text-align: center;">07/08/2022. 1420HRS</p>	<p><b>CITY AUTO PTE LTD</b> Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singapore 575643 Tel: 6453 1238 Fax: 6453 7944 <i>(Claims Section)</i></p> <p>_____ Witnesses (Reporting Centre Personnel)</p>
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**Sketch Plan**



Describe Circumstances of the Accident

ON 07/08/2022 AT ABOUT 1240HRS, I WAS DRIVING VEHICLE A ALONG THE ROUNDABOUT FROM MARINE PARADE ROAD TOWARDS AMBER ROAD. AS I WAS DRIVING ON THE RIGHT MOST LANE OF THE ROUNDABOUT AND INTENDING TO EXIT THE ROUNDABOUT TO AMBER ROAD, VEHICLE B WHO WAS TRAVELLING ON THE LEFT LANE AND WAS ON MY REAR LEFT SIDE PROCEEDED STRAIGHT ON A LEFT TURN LANE ONLY, EVENTUALLY COLLIDED ONTO VEHICLE A LEFT REAR WHEEL FENDER. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

**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 07/08/2022. 1420HRS

CITY AUTO PTE LTD  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1233 Fax: 6453 7944  
 (Claims Section)  
 \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel