

# 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 ..... 01/09/2022 19:03 (SGT)  
Reported by ..... Both  
Date of Accident ..... 01/09/2022 01:12 (SGT)  
Exact Location of Accident ..... Yishun Ave 1, Singapore  
Additional Location Information ..... TRAFFIC JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKX8828U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHONG TECK HENG (ZHUANG DEXING)  
NRIC No ..... SXXXX814B  
Email Address ..... wilson.heng.ar@gmail.com  
Mobile Phone No ..... (Phone) +65-90088495  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Freed  
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 ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D21MPC0010209

### DRIVER

Name of Driver ..... CHONG TECK HENG (ZHUANG DEXING)  
NRIC No ..... SXXXX814B  
Date Of Birth ..... 30/10/1979  
Occupation ..... Outdoor

Date Of Driving Pass .....	23/11/2000
Driving experience .....	21 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90088495
Alt. Phone Number .....	-
Email Address .....	wilson.heng.ar@gmail.com
Address .....	BLK 848 YISHUN STREET 81#02-116
Address complement .....	-
Postcode .....	760848
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 .....	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) .....	6
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 .....	LIM TECK KIONG
Gender .....	Male

#### PASSENGER 2

Name .....	TEO CHING CHING
Gender .....	Female

#### PASSENGER 3

Name .....	CHEARLY LIM
Gender .....	Female

#### PASSENGER 4

Name .....	CHARLOTTE LIM SI EN
Gender .....	Female

#### PASSENGER 5

Name .....	DOMINIC LIM WEI JIE
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? .....	-

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... PC4123Y  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... NTUC Income Insurance Co-operative Ltd  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

**INJURED PERSONS DETAILS**

## INJURED 1

Name of injured person ..... CHONG TECK HENG (ZHUANG DEXING)  
 Gender ..... Male  
 Phone No ..... (Phone) +65-90088495  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SKX8828U  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... LIM TECK KIONG  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SKX8828U  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 3

Name of injured person ..... TEO CHING CHING  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -

Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... SKX8828U  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 4

Name of injured person ..... CHEARLY LIM  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... SKX8828U  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 5

Name of injured person ..... CHARLOTTE LIM SI EN  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... SKX8828U  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 6

Name of injured person ..... DOMINIC LIM WEI JIE  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... SKX8828U  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

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.

*[Handwritten Signature]*

*[Handwritten Signature]*

*[Handwritten Signature]* 01/09/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

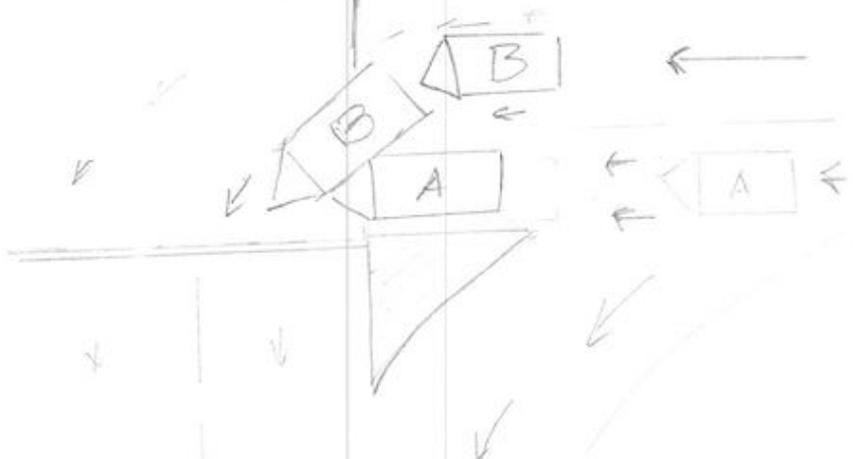
Sketch Plan

YISHUN AVE 1 TRAFFIC JUNCTION

STRAIGHT LANE

A) S10X 8828U

B) PE 4123Y



Describe Circumstances of the Accident

On the stated date and time, I was travelling straight on the left lane along Yigun Ave. At traffic junction it was a straight road suddenly Vehicle B (PC 4123Y) making a left turn and collided onto my right front portion which was going straight. During the incident the impact was sudden and strong and I was hurt. We came out of the vehicles and checked, took pictures of the accident and exchange particulars. After that, I went to consult a doctor.

VEHICLE A SKX8828U

VEHICLE B PC4123Y

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













