

# 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	02/09/2022 16:20 (SGT)
Reported by	Both
Date of Accident	01/09/2022 08:50 (SGT)
Exact Location of Accident	5 Fraser St, Singapore 189354
Additional Location Information	AFTER DROP OFF POINT OF ANDAZ SINGAPORE HOTEL
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1883U
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DDMS Production
Company Reg No	5XXXX009A
Email Address	DANIELNGOU@GMAIL.COM
Mobile Phone No	(Phone) +65-90052761
Alternative Phone No	-

### 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	Income Insurance Limited
Policy Number / Cover Note Number	CV00001053732

### DRIVER

Name of Driver	DING MING SOON
NRIC No	SXXXX225H
Date Of Birth	17/06/1979
Occupation	Outdoor

Date Of Driving Pass	07/09/2001
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-90052761
Alt. Phone Number	-
Email Address	DANIELNGOU@GMAIL.COM
Address	601B TAMPINES AVENUE 9
Address complement	10-830
Postcode	522601
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER OF THE COMPANY
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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

PLEASE REFER TO SKETCH PLAN ATTACHED

#### 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	SMQ2688J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-



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

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	DING MING SOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	2 DAYS MC
Injured person in which vehicle?	SML1883U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN**

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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

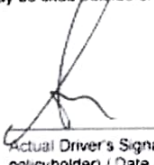
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims

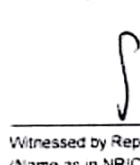
(collectively the "Purposes")

(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

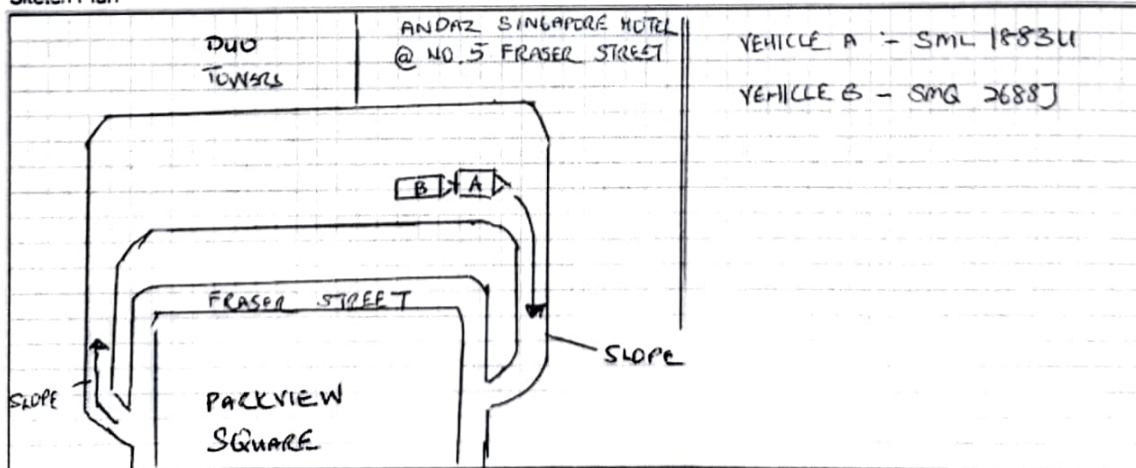
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



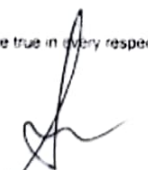




20082022

**Describe Circumstance of the Accident**

ON 01/SEP/2022 @ 0850 HRS, I HAD JUST DROPPED OFF  
 A PASSENGER AT DIO TOWERS @ FRASER STREET. I PROCEEDED  
 TO LEAVE THE PLACE. JUST AS I WENT PASS ANDAZ  
 SINGAPORE HOTEL, I SLOWED DOWN MY CAR (VEHICLE A)  
 BECAUSE I WAS APPROACHING A RIGHT CURVED, DOWNHILL ROAD.  
 ALL OF A SUDDEN, I FELT A HUGE IMPACT TO THE REAR  
 OF MY CAR (VEHICLE A). I REALISED A CAR (VEHICLE B)  
 HAD HIT THE REAR OF MY CAR. I FELT PAIN IN MY  
 NECK AND BACK.

**Declaration**  
 (We declare the following particulars are true in every respect)

Policyholder's Signature / Date & Time      Actual Driver's Signature (if driver is not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)