

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	13/09/2022 20:48 (SGT)
Reported by	Owner
Date of Accident	13/09/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TRAFFIC LIGHT ALONG GEYLANG ROAD BEFORE TANJONG KATONG ROAD JUNCTION.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX2888Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIN FENG
NRIC No	S7063464C
Email Address	326047882@QQ.COM
Mobile Phone No	(Phone) +65-93635899
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	118i
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124037560

DRIVER

Name of Driver	CHEN MEIZI
NRIC No	S7263438A
Date Of Birth	23/07/1972

Occupation	Indoor
Date Of Driving Pass	24/07/2018
Driving experience	4 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91999631
Alt. Phone Number	-
Email Address	326047882@QQ.COM
Address	BLK 61 CHAI CHEE ROAD #12-838
Address complement	-
Postcode	460061
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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
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

REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WILL PROVIDE THE VIDEO TO INSURANCE WHEN REQUIRED.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV5351H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	YEW CHEE KEONG
Contact Number	(Phone) +65-94506421
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

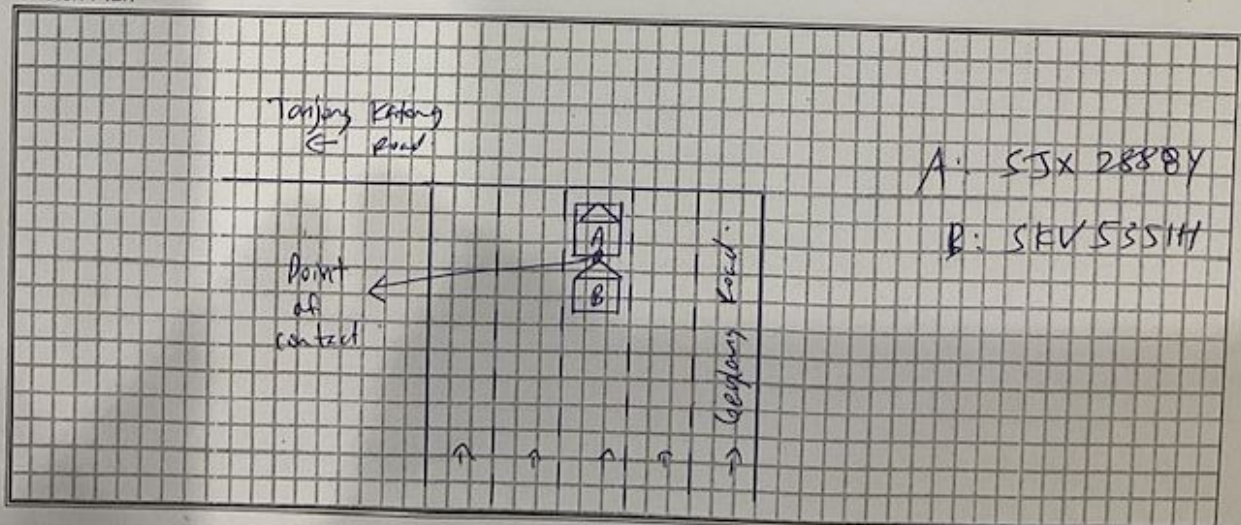
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



Describe Circumstance of the Accident

On 13/9/2022 at about 11.30am, I was in my car SJX2888Y and was on stationary mode as traffic light was red. while waiting for traffic light to turn green, the rear of my car was hit by car SKV5351H.

The front of SKV5351H hit the rear of my car SJX2888Y.

No injuries. That is all.

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

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

599385-













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: SN07229D0012 Vehicle Registration No: SSX 288Y
 Name (as shown in NRIC): Chen Meizi NRIC/FIN/Passport No: S72634387
 (*Vehicle Driver/~~Vehicle Owner~~) (*) Please delete as appropriate
 Address: 8161 Chai Chee Road #12-838 Singapore (Y60061)
 Contact (Tel): _____ Mobile No.: 93635899
 Email Address: 326047882@qq.com
 Date of Accident: 13/9/2022 Time of Accident: 11.30am
 Place of Accident: Along Geylang Road
 Insurance Company: NMC Insurance Limited

(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:

Birth date of driver is 23/7/1972.

Policyholder / Driver's Signature
 Date: 13/9/2022

Reporting Centre Personnel's Signature
 Name: Muhammad Nizam
 NRIC/FIN No.: S5993105
 Date: 13/9/2022