

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	24/09/2022 14:05 (SGT)
Reported by	Both
Date of Accident	24/09/2022 08:57 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF HOUGANG CENTRAL AND HOUGANG AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT3766T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KHIM HUNG
NRIC No	S8140221C
Email Address	khimhung.lee@hotmail.com
Mobile Phone No	(Phone) +65-91070394
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122190466-01

DRIVER

Name of Driver	LEE KHIM HUNG
NRIC No	S8140221C
Date Of Birth	03/12/1981
Occupation	Indoor

Date Of Driving Pass	09/01/2001
Driving experience	21 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91070394
Alt. Phone Number	-
Email Address	khimhung.lee@hotmail.com
Address	BLK 6 #07-60
Address complement	BOON KENG ROAD
Postcode	330006
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	Raining
Road Surface	Wet

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)	5
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	MRS LEE
Gender	Female

PASSENGER 2

Name	KIRSTEN
Gender	Female

PASSENGER 3

Name	KRYSTA
Gender	Female

PASSENGER 4

Name	KESTER
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?	-

CIRCUMSTANCES OF ACCIDENT

I WAS AT A STATIONARY POSITION AT THE T-JUNCTION. I STARTED TO MOVE OFF AS THE LIGHT TURNED GREEN IN MY FAVOR. AFTER MOVING A SHORT DISTANCE, I CAME TO A STOP AS I REALISED THERE WERE PEDESTRIANS CROSSING THE ROAD. SUBSEQUENTLY, I EXPERIENCED A COLLISION FROM THE REAR OF MY VEHICLE.

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 ADV TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJG1396X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category NA / Unknown
Name of Driver TAN WEI KIANG
NRIC No S7309445C
Contact Number (Phone) +65-97629756
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN**IMPORTANT NOTICE**

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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

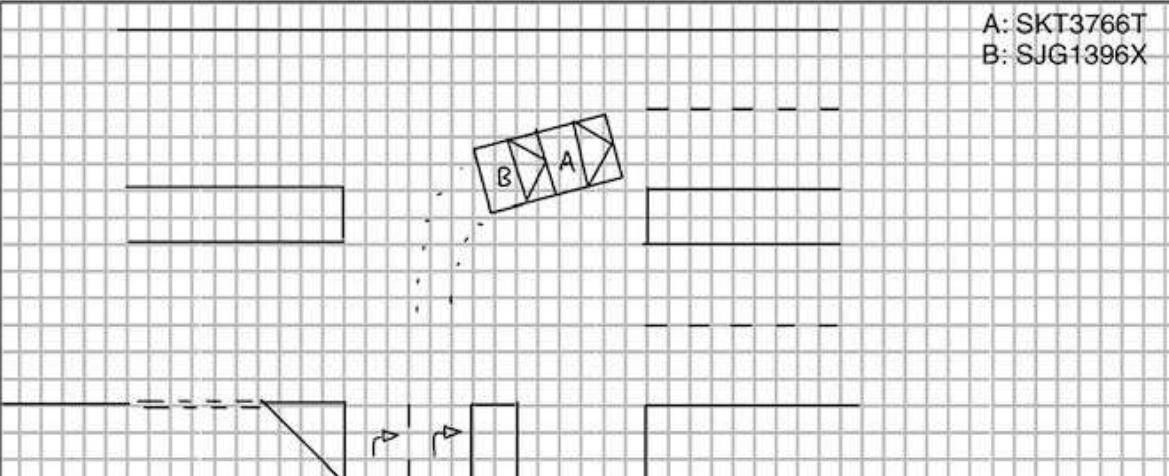
24/09/2022, 1430

Sketch Plan

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

Ignatius Lim

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

		A: SKT3766T	
		B: SJG1396X	
			

Describe Circumstance of the Accident

Refer to GEARs

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
24/09/2022, 1430

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

Ignatius Lim

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