

# 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 .....	30/09/2022 17:30 (SGT)
Reported by .....	Driver
Date of Accident .....	30/09/2022 09:27 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SIN MING AVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLV3029R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WOO BOON LOONG
NRIC No .....	S7672844E
Email Address .....	boonloongwoo@gmail.com
Mobile Phone No .....	(Phone) +65-97118361
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	SHUTTLE HYBRID 1.5 AUTO
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 .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5096882946-04

### DRIVER

Name of Driver .....	LEO SIU-YIN(LIANG QIUYAN)
NRIC No .....	S7827905B
Date Of Birth .....	22/09/1978
Occupation .....	Indoor

Date Of Driving Pass .....	14/01/2003
Driving experience .....	19 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97565816
Alt. Phone Number .....	-
Email Address .....	syleo22@gmail.com
Address .....	BLK 112 TECK WHYE LANE #04-646
Address complement .....	-
Postcode .....	680112
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 - Major/Minor Rd
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	MOTHER
Gender .....	Female

#### PASSENGER 2

Name .....	FATHER
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

REFER SKETCH ATTACHED.

#### 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 .....	EMAIL TO INCOME.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA4532E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	RAHIM ZAINAL
NRIC No .....	S0210842I
Contact Number .....	(Phone) +65-96456533
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	PASSENGER (MOTHER)
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	FELT UNWELL.
Injured person in which vehicle? .....	SLV3029R
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

VEH NO: SLV3029R

INSURER: Income

DATE OF ACC: 30/9/22 @ 09:27am

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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

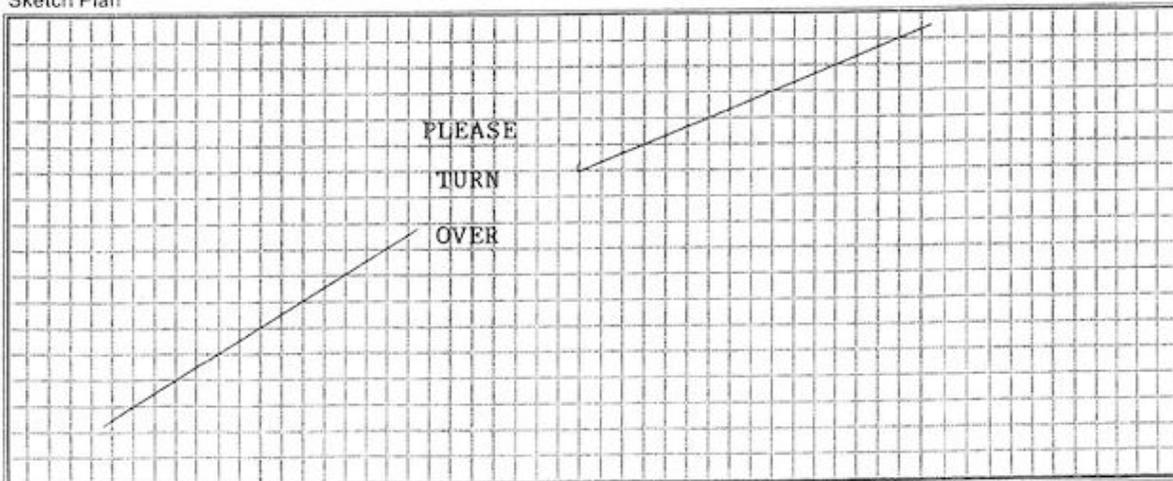
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

*[Signature]* 30 Sep 2022

*[Signature]* 30/9/22

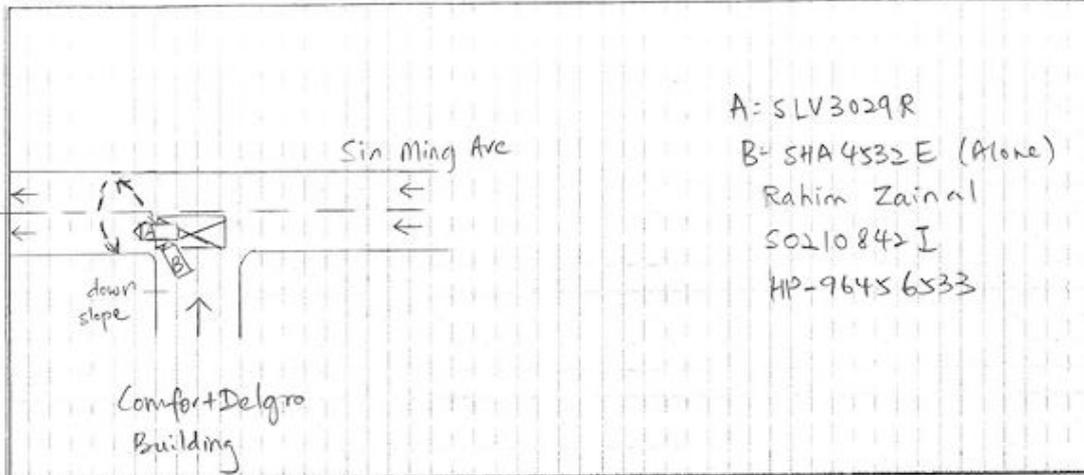
(15)

Sketch Plan



Describe Circumstance of the Accident  
 \*\* NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.  
 Claim Own Policy     Claim Third party     Reporting Only  
 Claim OD/ TP at other workshop ( \_\_\_\_\_ )

Sketch Plan



Date: 30/9/22 @ 09:27am  
 I was moving straight on the left along Sin Ming Ave.  
 Out of sudden, a taxi SHA 4532E dashed out from the left side - Comfort Delgro Building and collided with my car.  
 The impact caused my car to spin and came to a stop. I had my parents onboard at the point of time.  
 My mother felt unwell after the collision and may consult doctor if necessary.

Declaration

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

Policyholder's Signature / Date & Time

*[Signature]* 30 Sep 2022

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

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

*[Signature]* 30/9/22  
 (YS)



















