

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	07/10/2022 18:25 (SGT)
Reported by	Both
Date of Accident	06/10/2022 16:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE(EXIT 9) TO WOODLANDS AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1217S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KUA SIEW HWA
NRIC No	SXXXX032C
Email Address	kuachloe@gmail.com
Mobile Phone No	(Phone) +65-97708279
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	MAZDA3 SEDAN 1.5 AT LED EU6
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	5130022771

DRIVER

Name of Driver	KUA SIEW HWA
NRIC No	SXXXX032C
Date Of Birth	24/04/1989
Occupation	Indoor

Date Of Driving Pass	11/07/2011
Driving experience	11 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97708279
Alt. Phone Number	-
Email Address	kuachloe@gmail.com
Address	BLK 405 ADMIRALTY LINK #08-44
Address complement	-
Postcode	750405
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	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	SPOUSE
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	WILL EMAIL TO INSURER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL9899C
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ONG BOON HONG
Passport No/FIN	GXXXXX287P
Contact Number	(Phone) +65-98972912
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ5008U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-87213839
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEH NO: SLX12175
INSURER: Income
DATE OF ACC: 06/10/22
@ 1625hrs

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

I understand, acknowledge, agree and consent that:

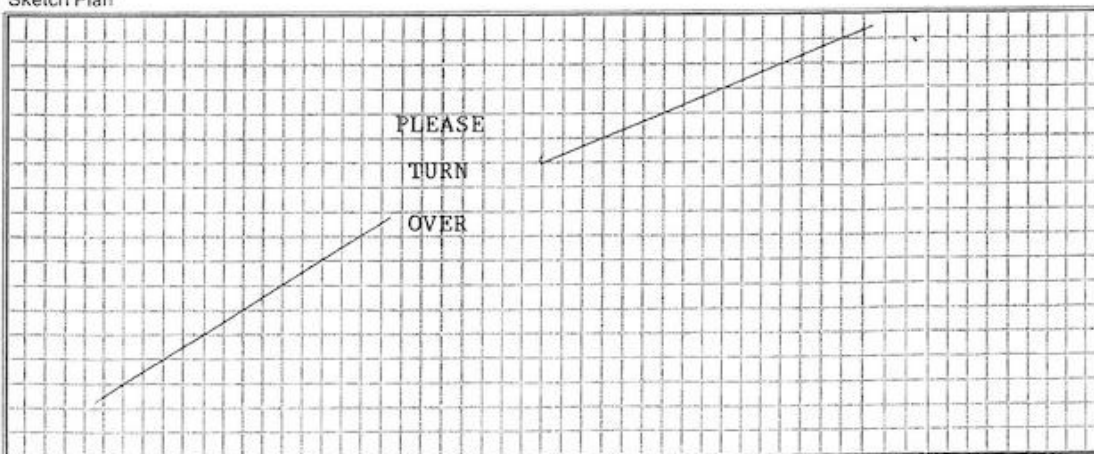
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 7/10/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) *Efeda* CYS

Sketch Plan



Describe Circumstance of the Accident

** NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS 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

Self-skidded bike

lorry

A = SLX12175

B = GBL9899C
Ong Boon Hong
68801287P
hp: 9897 2912

C = GBJ5008U
hp: 87213839

SLE (EXT 9) + M/S. A/C

Shoulder (L) + M/S. A/C

Shoulder (R) + M/S. A/C

Doa: 6/10/22 Time: 1628hrs Ins: Income



I saw m/lorry (C) in front of me braked and stopped. I follow to brake and stop in time. The next moment, I felt a strong impact from the rear and my car was pushed to the front and hit onto the rear of m/lorry (C). I came out of my car to check and realized I am involved in a chain accident of total 3 vehicles including mine. I later understand that a m/bike had self-skidded thus causing vehicles ahead to stop. No injuries at anyone. I have 1 passenger onboard (my husband). It was after rain at that time. John

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

 7/10/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)  (YS) 2