



## 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	13/10/2022 09:29 (SGT)
Reported by	Driver
Date of Accident	12/10/2022 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EVANS ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9929E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NGIAM TONG TAU
NRIC No	S1090355F
Email Address	ngiamtongtau@gmail.com
Mobile Phone No	(Phone) +65-90100612
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	2000

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5076965140-06

### DRIVER

Name of Driver	NINA LU SOO HIA
NRIC No	S0279570A
Date Of Birth	04/06/1946
Occupation	Indoor

Date Of Driving Pass	04/02/1975
Driving experience	47 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98206182
Alt. Phone Number	-
Email Address	NINANGIAM@GMAIL.COM
Address	69 NAMLY DRIVE
Address complement	-
Postcode	267478
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

ON THE 12102022 AT 1305HRS I WAS TRAVELLING ALONG CLUNY ROAD TOWARDS EVANS ROAD. UPON REACHING EVANS ROAD, THERE WAS 2 VEHICLE INFRONT OF ME. THE FIRST VEHICLE MADE A LEFT TURN INTO CARPARK OF RAFFLES BUILDING FOODCOURT. THUS THE VEHICLE INFRONT OF ME STOPPED. I ALSO SLOWED DOWN AND STOPPED. THATS WHEN A VEHICLE BEARING LICENSE PLATE SBJ21M COLLIDED INTO THE REAR OF MY CAR. NO ONE WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBJ21M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	M SUBRAMANIAM
NRIC No	S1682016D
Contact Number	(Phone) +65-98574125
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstance of the Accident

REFER TO GEARS REPORT FOR ACCIDENT STATEMENT

Declaration

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

  
13102022  
0930hrs  
Policyholder's Signature / Date & Time

  
13102022  
0930hrs  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
SUMAN SUKUMAR  
S990968  
Witnessed by Registered Centre Personnel  
(Name as in NRIC / ID Card)

**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 (a 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 making of queries, evidence, 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 the external courier of evidence/proof packages); and/or

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

(collectively the "Purposes")

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

13/10/2022  
0930HRS

Policyholder's Signature/ Date & Time

13/10/2022  
0930HRS

Driver's Signature (For vehicle the policyholder) Date & Time

SUMAN SUKUMAR  
S990968

Witnessed by Reporting Centre Personnel (Name as in NR-GID card)

**Sketch Plan**

