

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	17/10/2022 20:27 (SGT)
Reported by	Both
Date of Accident	14/10/2022 10:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	QUEENSWAY BESIDE ALEXANDRA FIRE STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE1690P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH BOON HOR RONNIE
NRIC No	S0124206G
Email Address	ronniekbs@ymail.com
Mobile Phone No	(Phone) +65-91890001
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118101611-02

DRIVER

Name of Driver	KOH BOON HOR RONNIE
NRIC No	S0124206G
Date Of Birth	15/03/1954
Occupation	Outdoor

Date Of Driving Pass	23/09/1980
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91890001
Alt. Phone Number	-
Email Address	ronniekbs@ymail.com
Address	207L JALAN LOYANG BESAR
Address complement	-
Postcode	509479
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	Clear
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)	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	ELAINE CHUA
Gender	Female

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 STATEMENT

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	SLS7217D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-


Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	SAHLAN BIN DOLMAD
NRIC No	S1471138D
Contact Number	(Phone) +65-92323414
Address	BLK 289 YISHUN AVE 6 #09-40
Address complement	-
Postcode	760289
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

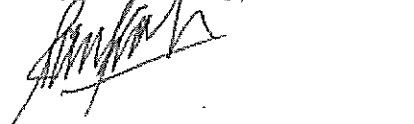
SKETCH PLAN


1. VEHICLE NO.: SC61640P
 2. INSURER CO: IAKONS INSURANCE
 3. ACCIDENT
 DATE & TIME: 14/10/22 10:55AM

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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.

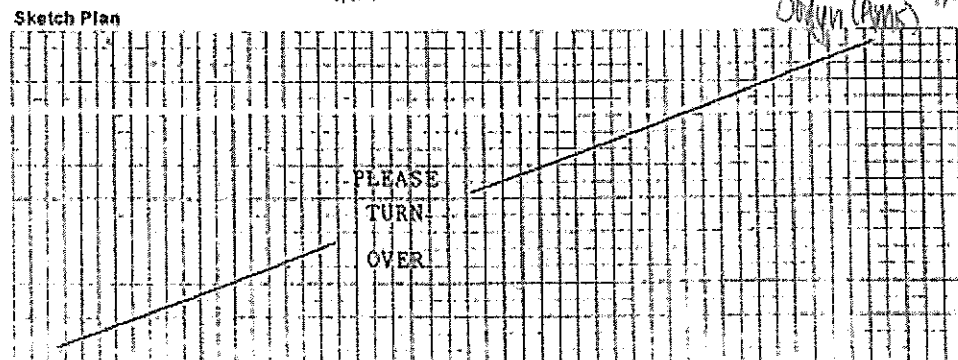

 Policyholder's Signature / Date & Time: 17/10/22


 Driver's Signature (If driver is not the policyholder) / Date & Time: 17/10/22

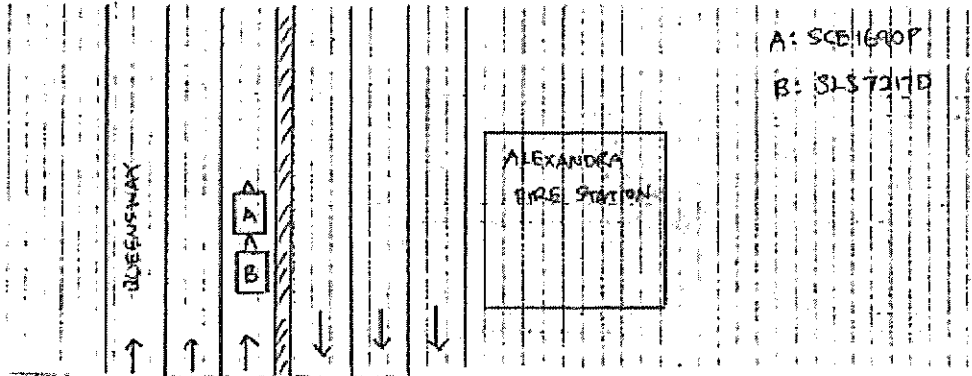

 Witnessed by Reporting Centre Personnel: 7/10/22

Sketch Plan

PLEASE TURN OVER



Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 14/10/2022 AT AROUND 1055AM, I WAS TRAVELLING ON QUEENSWAY. I SAW THE VEHICLE INFRONT OF ME CAME TO A STOP BECAUSE I ALSO PROCEEDED TO STOP. SUDDENLY VEHICLE 'B' COLLIDED TO MY REAR. WE BOTH CAME DOWN AND TAKE PHOTO AND EXCHANGE PARTICULARS.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time: 17/10/22

Driver's Signature 17/10/22
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: (ANK)

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()