# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 21/10/2022 12:40 (SGT) Reported by Date of Accident 20/10/2022 17:50 (SGT) Exact Location of Accident Serangoon North Ave 4, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mitsubishi

Vehicle Registration Number SMK5369S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **ANG SHIFU** NRIC No S9009009G Email Address kesterathome@gmail.com Mobile Phone No (Phone) +65-92985918 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model Lancer 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1499

### **INSURANCE COMPANY**

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5109573985-03

#### DRIVER

Name of Driver **ANG SHIFU** NRIC No S9009009G Date Of Birth 13/03/1990 Occupation Indoor

Date Of Driving Pass 08/06/2009 Driving experience 13 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-92985918 Alt. Phone Number Email Address kesterathome@gmail.com Address **BLK 641 HOUGANG AVENUE 8** Address complement #06-173 Postcode 530641 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 - Cross Junction Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHED 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 SLW1656M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

Name of Driver
Contact Number

Address	-
Address complement	_
Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The ISSUE and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singupore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- by the indigement 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.
- Consent under the Personal Data Protection Act (PDPA)

Landarstand, acknowledge, agree and consent that

Let Ally incurrent ray workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose insufer process my personal data/personal information set out in this [form] and any other personal information provided by me or processed 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 covernment agency/authority (such as the police), for the purpose(s) of:

processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

- (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 discourse 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, include and/or process my Personal Information for one or more of the above Purposes; and

in my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or abents and/or giA to their third-party service providers or abents and/or giA to their third-party service providers or abents.

Dole & Time

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

Winessed by Reporting Centre Pen (Name as in NRIC/ID card)

Stietch Plan

Venicle A: Smkt3bas - Sevangoon North Ave 4.

Venicle B: Shulbsom

Venicle X: Snp533s

(Not involved) - Sevangoon North Ave 4.

1

Circumstance of the Accident on the stated date & time, 1 , vehicle 1; SMK53695, evited first centre. I saw that there was a Black coloured Emw stationary before the yellow box and hand-signalled for me to proceed. I acknowledged and slowly inch out into the yellow box. I wish to state that it was a single-vehicle lane before the yellow box. Suddenly, vehicle B', SLW 1656M, overtook the Black BMW, crossing over the continuous white lane and hit onto my vehicle's front right portion the said vehicle was travelling and accelevating at high speed when over-taking.

Declaration

W/v declare the foregoing particulars are true in every respect

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

















