

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	07/11/2022 13:04 (SGT)
Reported by	Both
Date of Accident	06/11/2022 12:38 (SGT)
Exact Location of Accident	Near 197-203 Upper Paya Lebar Rd, Singapore
Additional Location Information	UPPER PAYA LEBAR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6944G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW CHEE TIONG (ZHOU ZHIZHONG)
NRIC No	SXXXX219G
Email Address	Admin@dacc.com.sg
Mobile Phone No	(Phone) +65-93917096
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	218i
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	1499

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129629844

DRIVER

Name of Driver	CHEW CHEE TIONG (ZHOU ZHIZHONG)
NRIC No	SXXXX219G
Date Of Birth	17/08/1975
Occupation	Outdoor

Date Of Driving Pass	14/02/2007
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93917096
Alt. Phone Number	-
Email Address	Admin@dacc.com.sg
Address	BLK 423 CANBERRA ROAD #09-449
Address complement	-
Postcode	750423
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	Side Swipe
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)	5
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	PASSENGER 1
Gender	Male

PASSENGER 2

Name	PASSENGER 2
Gender	Male

PASSENGER 3

Name	PASSENGER 3
Gender	Male

PASSENGER 4

Name	PASSENGER 4
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

PLEASE REFER TO THE SKETCH PLAN

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLX8724Z
Vehicle Manufacturer Kia
Vehicle Model Carens
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private hire
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -


SKETCH PLAN**IMPORTANT NOTICE**

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

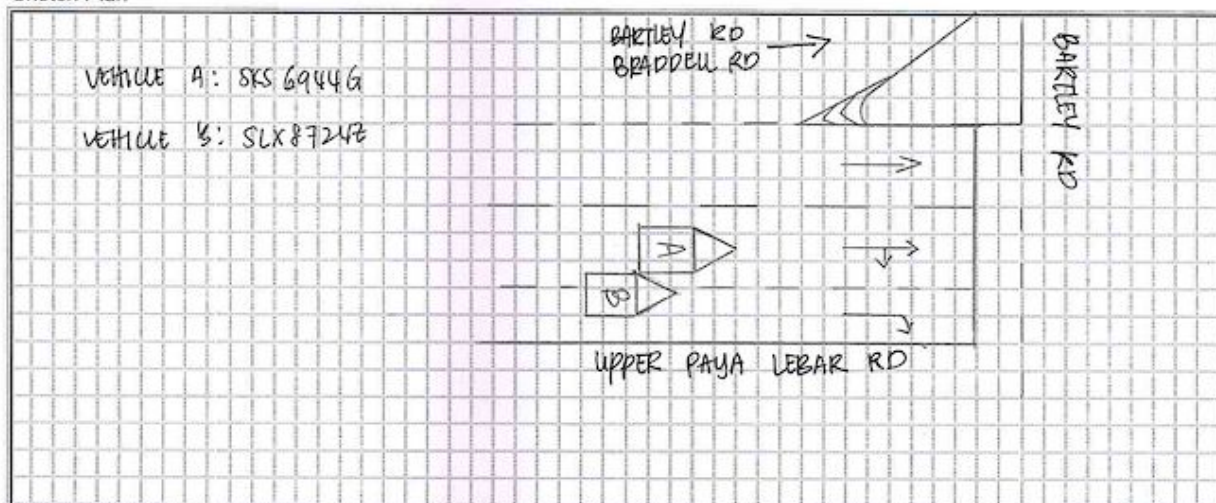
I understand, acknowledge, agree and consent that:

- (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.

 7/Nov/2022
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)

Sketch Plan

Describe Circumstance of the Accident

On 6 November 2022, Sunday, about 12:38pm I was driving my vehicle SKS6944G along Upper Paya Lebar Road (which is a junction, left turn going to Bartley Rd, Right turn going to Tampines Rd), there was a vehicle hit me from rear right, damaged my rear right side tail lamp.

The vehicle which hit my vehicle from rear is a Blue, KIA Carens, Number plate is SLX8724Z. The driver of the card vehicle continuously mentioned there is no contact / no collision and no damages at all.

My video footage showing SLX8724Z was driving on both lanes, and last minutes then ~~move~~ move to right lane, without signalling. When I approached him to discuss about the accident, the driver of SLX8724Z appears to be sleepy and blur.

My passengers in my car and the passengers in the vehicle of SLX8724Z also noticed that vehicle SLX8724Z driving on 2 lanes and very near to my vehicle SKS6944G then change lane and hit my rear right tail lamp, and his left side mirror was damage, the glass dislodged on the floor.


Declaration

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

 7/Nov/2022

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)





