

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	10/11/2022 14:18 (SGT)
Reported by	Both
Date of Accident	10/11/2022 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE AFTER ENG NEO AVENUE TOWARDS LORNIE HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK5147B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIEW CHENG SAN
NRIC No	SXXXX709Z
Email Address	CS2005SG@GMAIL.COM
Mobile Phone No	(Phone) +65-96277183
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	2.0 AUTO ABS AIRBAG
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5039469312-13

DRIVER

Name of Driver	CHIEW JIA HUI
NRIC No	SXXXX200J
Date Of Birth	06/11/1997
Occupation	Indoor

Date Of Driving Pass	10/11/2018
Driving experience	4 YEARS
Gender	Female
Mobile Number	(Phone) +65-91862065
Alt. Phone Number	-
Email Address	CHIEWJIAHUI2@GMAIL.COM
Address	48 TOH TUCK ROAD #07-05
Address complement	-
Postcode	596739
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	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	CHIEW CHENG SAN
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

PLS REFER TO SKETCH PLAN

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	EMAIL TO INSURANCE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC2333L
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SURESH A/L CHANDRA SAIGARAN
Passport No/FIN	GXXXX218T
Contact Number	(Phone) +65-83477408
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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

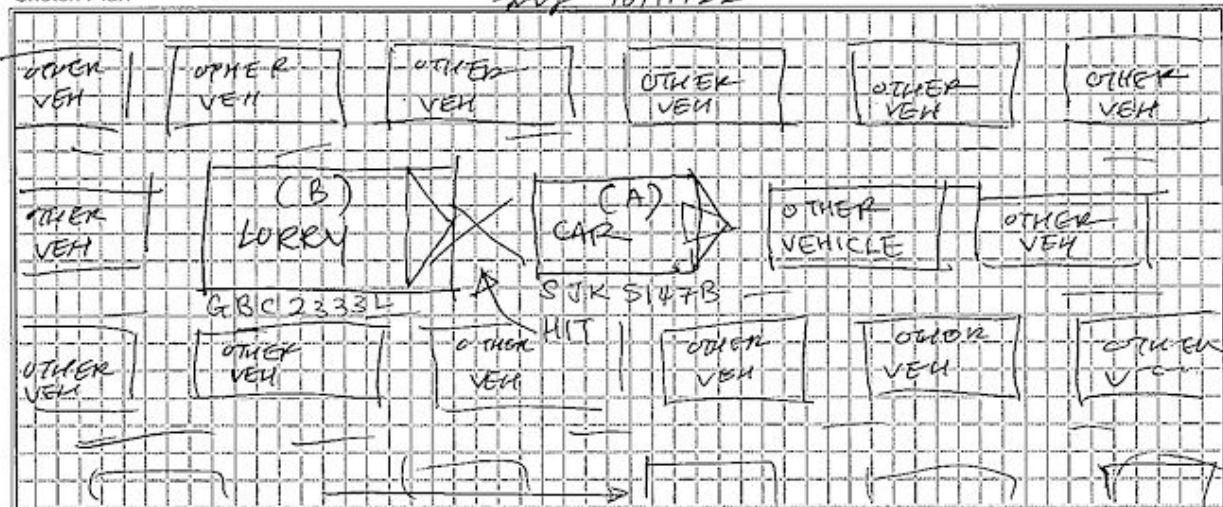
I understand, acknowledge, agree and consent that:

- (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 (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: ENG NEO AVE EVI 10:22 10/11/22 Time

Driver's Signature (if driver is not the policyholder) / Date: [Signature] 10:22 am 10/11/22 Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): LORNE HIGHWAY



A: SJK S147B
B: GBC 2333L

TRAFFIC FLOW
→

SINGAPORE AIRLINES
COUNTRY CLUB

1



























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM1322BA0002 Vehicle Registration No: SJK 5147 B
 Name (as shown in NRIC): Chew Cheng San NRIC/FIN/Passport No: -
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 48 Toh Tuck Rd #01-05 Singapore (596339)
 Contact (Tel): 96277183 Mobile No.: _____
 Email Address: C92009 SG@gmail.com
 Date of Accident: 10/11/2022 Time of Accident: 0840 hr
 Place of Accident: PIE
 Insurance Company: Income Insurance

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

to amend video captured by car camera : Yes
instead no.

[Signature]
 Policyholder / Driver's Signature
 Date: _____

[Signature]
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

GMNIC Addendum Form