

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	17/11/2022 14:58 (SGT)
Reported by	Both
Date of Accident	16/11/2022 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	REGENT HOTEL LOCATED AT 1 CUSCADEN ROAD (LOADING/UNLOADING BAY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS5784J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEI TECK YEOU
NRIC No	S1667843J
Email Address	WWEITY1964@GMAIL.COM
Mobile Phone No	(Phone) +65-96312401 ✓
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118086744-02

DRIVER

Name of Driver	WEI TECK YEOU
NRIC No	S1667843J
Date Of Birth	07/07/1964

Occupation	Indoor
Date Of Driving Pass	17/02/1997
Driving experience	25 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96312401
Alt. Phone Number	-
Email Address	WWEITY1964@GMAIL.COM
Address	47 HINDHEDE WALK #03-05 SPRINGDALE CONDOMINIUM
Address complement	-
Postcode	587977
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	Hit and run / Vandalism / Damaged whilst parked
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 16112022 AT 1800HRS I HAD DRIVEN MY VEHICLE INTO REGENT HOTEL LOCATED AT ORCHARD ROAD. AS I WAS SUPPOSED TO PICK MY WIFE UP FROM THERE. I WAS PARKED STATIONARY NEAR THE LOADING/UNLOADING BAY. A LORRY BEARING LICENSE PLATE GBF9746S CAME TO THE SIDE OF ME AND ATTEMPTED TO REVERSE INTO THE LOADING AND UNLOADING BAY BEHIND ME. THATS WHEN THE SAID LORRY HIT THE REAR RIGHT SIDE OF MY CARS BUMPER. 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	GBF9746S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHARIN BIN SAFRI
NRIC No	S7614991G
Contact Number	(Phone) +65-89200059
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.



17/11/2022
1430HRS

Policyholder's Signature / Date & Time

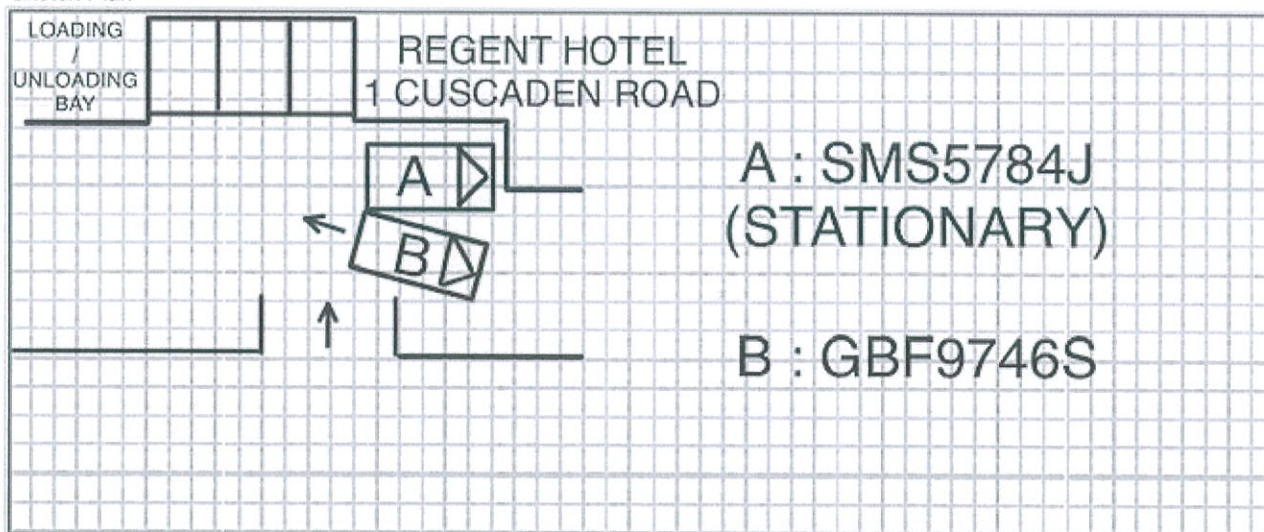
Driver's Signature (if driver is not the policyholder) / Date & Time



SUMAN SUKUMAR
S990968

Witnessed by Reporting Centre Personnel
(Name as in NR/CID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO GEARS REPORT FOR ACCIDENT STATEMENT

Declaration

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



17/11/2022
1430hrs

Policyholder's Signature / Date & Time

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



SUMAN SUKUMAR
S990968

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