

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 23/11/2022 11:56 (SGT)
Reported by Both
Date of Accident 22/11/2022 20:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG WOODLANDS INDUSTRIAL PARK E9
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA7667X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIM BONG KIANG
NRIC No SXXXX766D
Email Address JAMESSBK@GMAIL.COM
Mobile Phone No (Phone) +65-83639544
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model X3
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5125163318

DRIVER

Name of Driver SIM BONG KIANG
NRIC No SXXXX766D
Date Of Birth 14/09/1978
Occupation Indoor

Date Of Driving Pass	08/07/2010
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83639544
Alt. Phone Number	-
Email Address	JAMESSBK@GMAIL.COM
Address	436C FERNVALE ROAD #06-164
Address complement	-
Postcode	793436
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	LEE SU LEE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	GX9969L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIM BONG KIANG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN


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

I understand, acknowledge, agree and consent that:

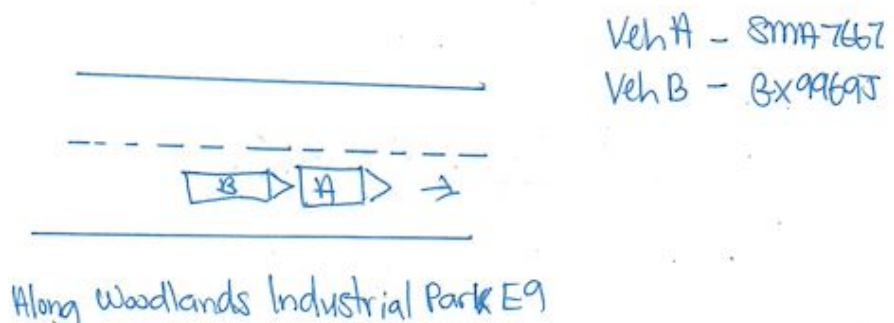
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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


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


 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

There was a vehicle making a u-turn in front of me. My vehicle was stationary. Suddenly Veh B hit the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect



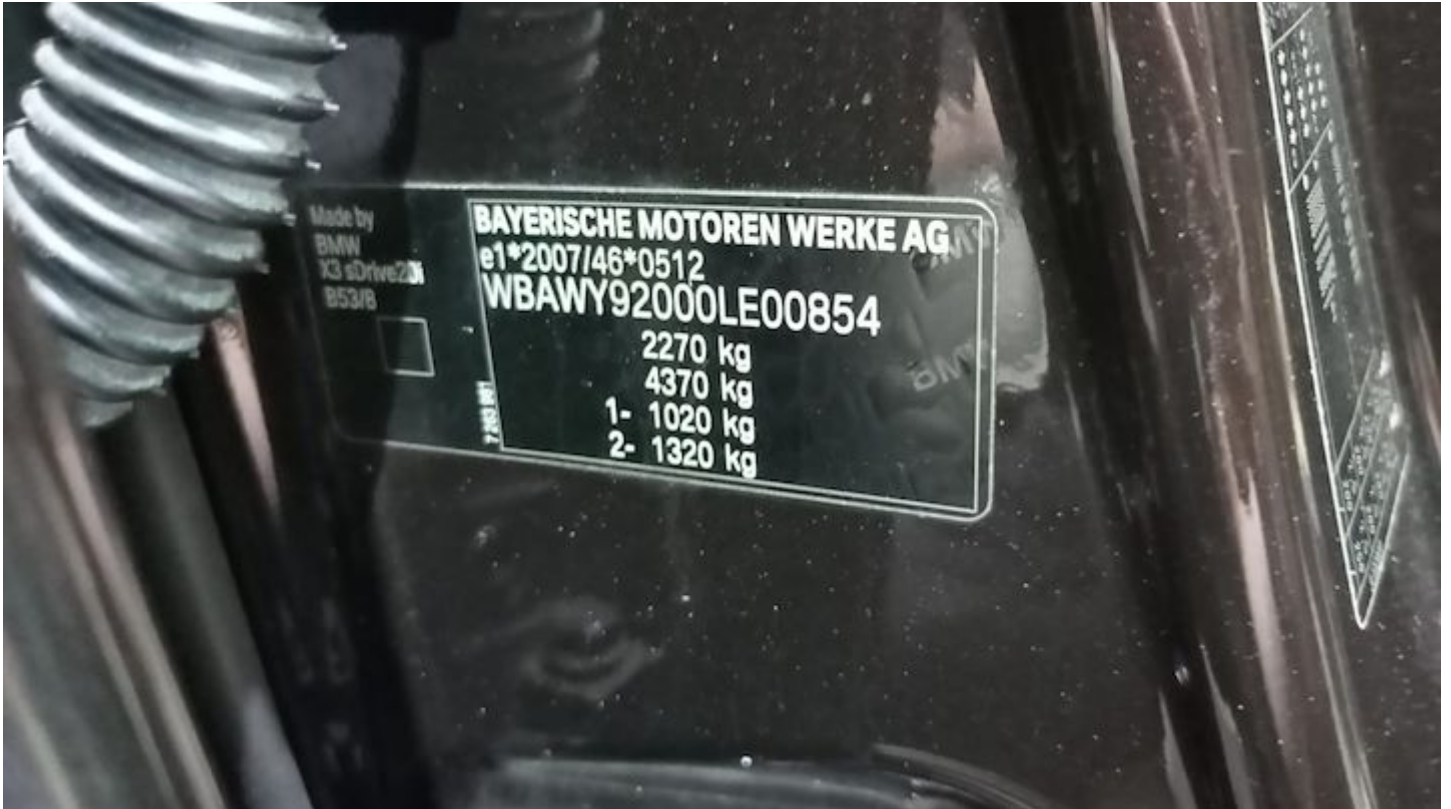
Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel





















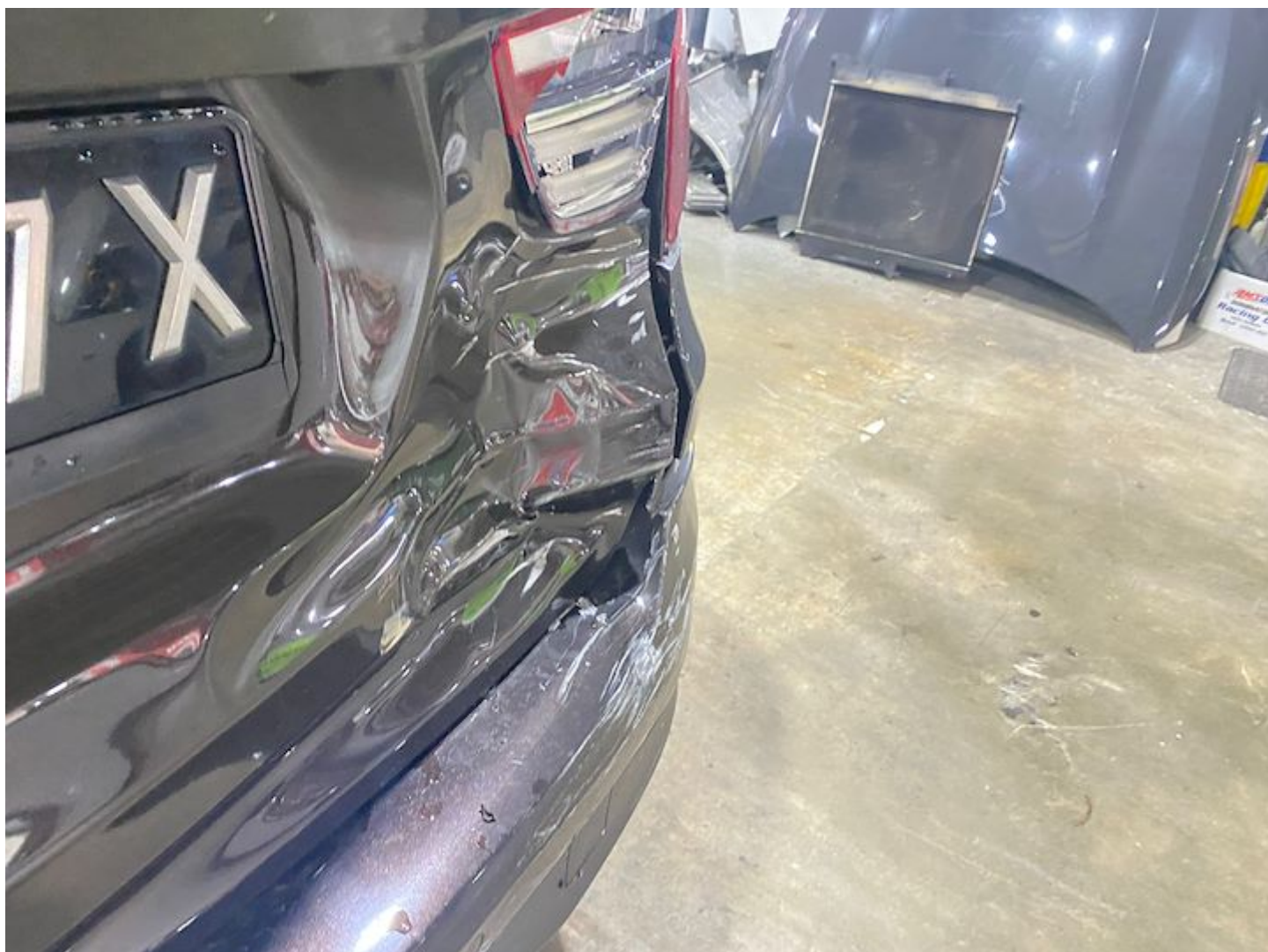






















**SINGAPORE
POLICE FORCE**



F/20221123/7054

1 of 2

POLICE REPORT (NP299)

Report No. F/20221123/7054

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 23/11/2022 16:05	Vide Report No.	Station Diary No.
Name Of Informant SIM BONG KIANG	Address 436C FERNVALE ROAD #06-164 SINGAPORE 793436	
ID Type / ID No. NRIC NO / S7888766D	Contact No. Home/Office:	Mobile: 83639544
Nationality MALAYSIAN	Email Address JAMESSBK@GMAIL.COM	
Occupation Contractor	Sex Male	Age 44
	Date of Birth 14/09/1978	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 22/11/2022 20:00 - 22/11/2022 20:20	Location Of Incident 436C FERNVALE ROAD #06-164 SINGAPORE 793436	

Brief details.

There was a vehicle making a uturn in front of me , I make a stop and my vehicle was stationary and suddenly GX9969J bang on my rear portion of the car . I felt pain and proceed to the clinic consult a doctor and I was given 3 day mc .

Subjects Involved			
Victim			
Person Name	SIM BONG KIANG		
ID Type	NRIC NO	ID No	S7888766D

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2022 16:05
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20221123/7054

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20221123/7054

Gender	Male	Age	44
Race	Chinese	Language	English
Occupation	Contractor	Address	436C FERNVALE ROAD #06-164 SINGAPORE 793436
Mobile No	83639544	Is Informant A Victim?	Yes
Person Name			
SIM BONG KIANG (Informant)			

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
23/11/2022 16:05

Classification Of Case:



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: SY0322BN0005-01 Vehicle Registration No: SMA7667X
 Name (as shown in NRIC): Sim Bong Kiang NRIC/FIN/Passport No: SXXXX766D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 463C Fernvale Road #06-164 Singapore (793486)
 Contact (Tel): _____ Mobile No.: 83639544
 Email Address: jamesbkk@gmail.com
 Date of Accident: 22/11/2022 Time of Accident: 20:00
 Place of Accident: Along Woodlands Industrial Park E9
 Insurance Company: NTUC Income

(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:

Add police report

Policyholder / Driver's Signature
Date:



SHZLN
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: