

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	19/11/2022 18:45 (SGT)
Reported by	Both
Date of Accident	19/11/2022 12:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG MARIAM WALK OUTSIDE UNIT 53.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA53M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KHONG HENG KOW ARTHUR
NRIC No	S1543119I
Email Address	Arthurkhong@gmail.com
Mobile Phone No	(Phone) +65-83837711
Alternative Phone No	-

VEHICLE PARTICULARS	
Manufacturer	BMW
Model	116i
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	1500

INSURANCE COMPANY	
Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121907556-01

DRIVER	
Name of Driver	KHONG HENG KOW ARTHUR
NRIC No	S1543119I
Date of Birth	03/02/1992

Date Of Driving Pass	16/07/1979
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83837711
Alt. Phone Number	-
Email Address	Arthurkhong@gmail.com
Address	53 MARIAM WALK
Address complement	-
Postcode	507134
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)	0
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

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	WILL PROVIDE THE VIDEO TO INSURANCE WHEN REQUIRED.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE3917A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Multiple Entries	1. JAYSON CHENG ECK SEHONG
Name of Driver	SOH KENG GIAP

NRIC No		S0939004I
Contact Number		-
Address		-
Address complement		-
Postcode		-
Insurance Company Name		-
Nature Of Damage		-
Details of property damaged in accident		-
No. Of Passenger (Including Driver)		-

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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 Traffic Police Department for investigation.**
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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.

I understand, acknowledge, agree and consent that:

(d) 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:

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

(i) 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 insurer's 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

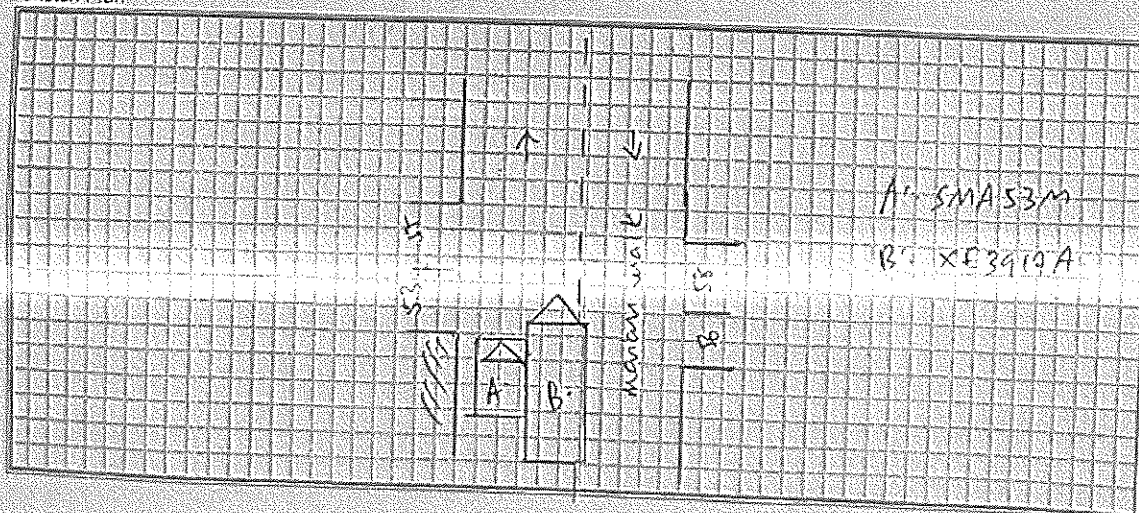
(c) my Personal Information may be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

19/11/2022
e1730lms
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



Describe Circumstance of the Accident

On the 18/11/2022 at about 10:30pm, the car SM153M was parked outside my unit and nothing was missed. Everything was normal.

On the 19/11/2022 at about 12:50pm, I received a call from one of my neighbours informing me that a lorry XE3919A had collided onto my stationary car and caused some damage.

My son who was at home, was then informed about the matter and so he went out to exchange details with the driver of XE3919A. There were no injuries.

I wish to state that my car ~~SM153M~~ SM153M was parked and stationary.

That is all.

Declaration

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

19/11/2022
E 1830LW
Policyholder's Signature / Date & Time

19/11/2022
E 1830LW
Driver's Signature (if driver is not the policyholder) / Date & Time

Muhammad Ali
Bin Ali
Witnessed by Reporting Centre Personnel
(Name as in NRIC ID card)
599305