

## 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	15/12/2022 11:46 (SGT)
Reported by	Driver
Date of Accident	14/12/2022 19:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TWDS CTE/SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM6639S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUI KUM SING
NRIC No	SXXXX970F
Email Address	CHUIADC@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97356153
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	5084639622-06

#### DRIVER

Name of Driver	CHUI SI MIN, VALERY
NRIC No	SXXXX590D
Date Of Birth	12/07/1999
Occupation	Outdoor

Date Of Driving Pass	27/07/2019
Driving experience	3 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81619684
Alt. Phone Number	-
Email Address	VALERYSM17@GMAIL.COM
Address	BLK 124A RIVERVALE DRIVE #10-203
Address complement	-
Postcode	541124
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)	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

DRIVING ALONG TPE TOWARDS CTE/SLE, I SLOWED DOWN AND STOP TO GIVE WAY TO THE MAIN ROAD TRAFFIC. SUDDENLY, VEHICLE (SLS7957B) HIT ME FROM BEHIND CAUSING DAMAGE TO THE REAR PORTION OF MY VEHICLE.

#### 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	TO EMAIL TO INCOME INSURANCE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS7957B
Vehicle Manufacturer	Suzuki
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	YAP FUT KIONG
NRIC No	SXXXX824B
Contact Number	(Phone) +65-93883361
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

# SKETCH PLAN

## SKETCH PLAN

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### 3. 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

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

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

### Sketch Plan

Sketch Plan

CTE/K TPE  
SLE

← GIA 4B

A - SGM 6639S  
B - SLS 7957B

v1jun2022



Describe Circumstance of the Accident

Driving along TPE towards CTE/S&E. I slowed down and stop  
to give way to the main road traffic. Suddenly vehicle sis 1954B  
hit me from behind causing damage to the rear portion of  
my vehicle.

Declaration

(We declare the foregoing particulars are true in every respect)

Policyholder's Signature / Date & Time

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

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

*Volang* 15/12/2022  
1115am

