

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	17/12/2022 15:29 (SGT)
Reported by	Driver
Date of Accident	16/12/2022 10:24 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF ORCHARD LINK & ORCHARD RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT7663G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA PALLVERN
NRIC No	S1754765H
Email Address	ANDY.LEE@PAS.SG
Mobile Phone No	(Phone) +65-87494324
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
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	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	YAP KAILSHEN
NRIC No	S9036387E
Date Of Birth	28/09/1990
Occupation	Indoor

Date Of Driving Pass	31/05/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87494324
Alt. Phone Number	-
Email Address	KAILSHEN_YAP@HOTMAIL.COM
Address	3 SIN MING WALK
Address complement	#04-28
Postcode	575575
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 - Cross Junction
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)	5
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	passenger
Gender	Male

PASSENGER 2

Name	passenger
Gender	Female

PASSENGER 3

Name	passenger
Gender	Female

PASSENGER 4

Name	passenger
Gender	Female

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

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 MOTOR VIDEO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNC4440E
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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) 3

SKETCH PLANIMPORTANT NOTICE

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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")

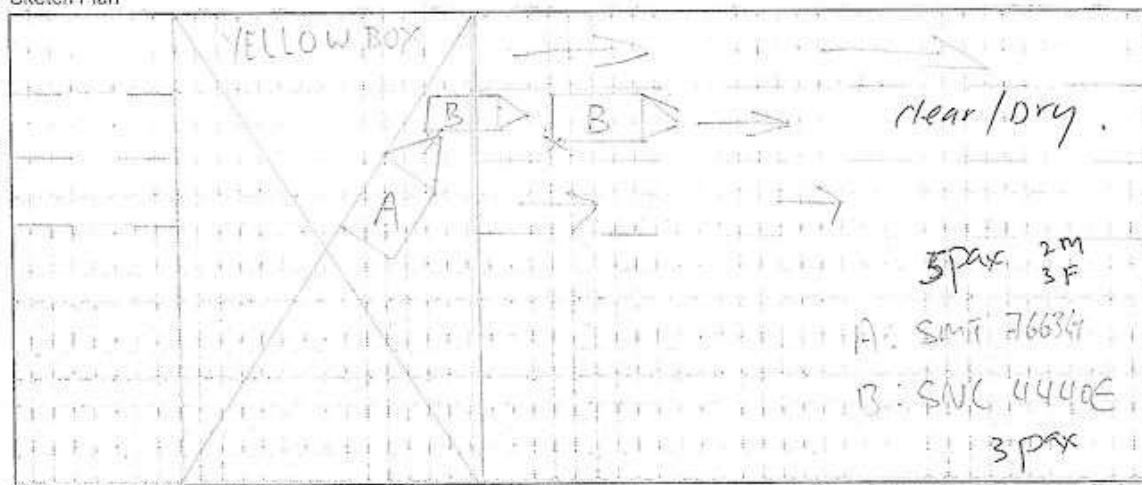
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Polic, Signature, Date, Time

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

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

Sketch Plan

[illegible]

Declaration

I/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
(Name as in NRIC/ID card)

On 16/12/2022 at about 10.24pm, I was driving SMT7663G along Orchard Link and turned right into Orchard Road, while the traffic is still green along Orchard Link, towards the Orchard Link and Orchard Road cross junction.

As the traffic in front of me along Orchard Road was heavy and jam, my vehicle was stuck at the yellow box along Orchard Road waiting for front vehicles to move forward before I can move.

When the front vehicles start to move forward, I concentrate to drive my vehicle forward. At that moment, the traffic light along Orchard Road has also turned green and 3rd party SNC4440E who was coming from my left behind (along Orchard Road) just cut into my lane and hit my vehicle at the yellow box before I can move off.

As a result, 3rd party right rear side wheel area has hit onto my vehicle left front corner damaging my left front head lamp and bumper.


After the accident, 3rd party driver refused to give me her particulars and give me her contact number only (Hp: 96913428) and no injuries in this accident.

I want to claim 3rd party for my damages.

3rd party has 2 other passengers in the vehicle.

My vehicle has 5 other passengers.

I have in-car camera video footage capturing the accident (both front & rear).


NAME: YAP KAILSHEN
NRIC No.: S9036387E
Date: 17/12/2022





