

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 21/12/2022 20:33 (SGT)
Reported by Both
Date of Accident 21/12/2022 10:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information LORONG KISMIS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGG8525E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOO CHIH SIONG
NRIC No S1764673G
Email Address JIMMYCHOO01@GMAIL.COM
Mobile Phone No (Phone) +65-97439030
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Picnic
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 2000

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5100544791-04

DRIVER

Name of Driver CHOO CHIH SIONG
NRIC No S1764673G
Date Of Birth 29/07/1966
Occupation Indoor

Date Of Driving Pass	17/04/1984
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97439030
Alt. Phone Number	-
Email Address	JIMMYCHOO01@GMAIL.COM
Address	84 ENG KONG TERRACE
Address complement	-
Postcode	599037
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	Side Swipe
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 TIME AND DATE MENTIONED ABOVE , MY VEHICLE WAS STATIONARY ALONG LORONG KISMIS ON A TWO WAY TRAFFIC ALONG THE LFT BEND. WHILE MY VEHICLE WAS STATIONARY DUE TO THE TRAFFIC AHEAD,SUDDENLY I FELT AN IMPACT COMING FROM THE RIGHT REAR SIDE OF MY VEHICLE AND DISCOVERED THAT THE 3RD PARTY VEHICLE SMB3017T HAD SCRAPED ONTO MY VEHICLE. I MANAGED TO TAKE SOME PHOTOS AND I ALSO HAD AN IN CAR CAMERA FOOTAGE OF THE SCENE. NO INJURIES WAS INVOLVED AT THE SCENE.

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 BE SUBMIT TO WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB3017T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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)	-

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.

[Signature]

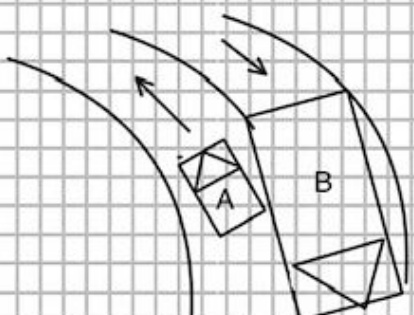
Policyholder's Signature / Date & Time
21/12/2022

Sketch Plan 2020hrs

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

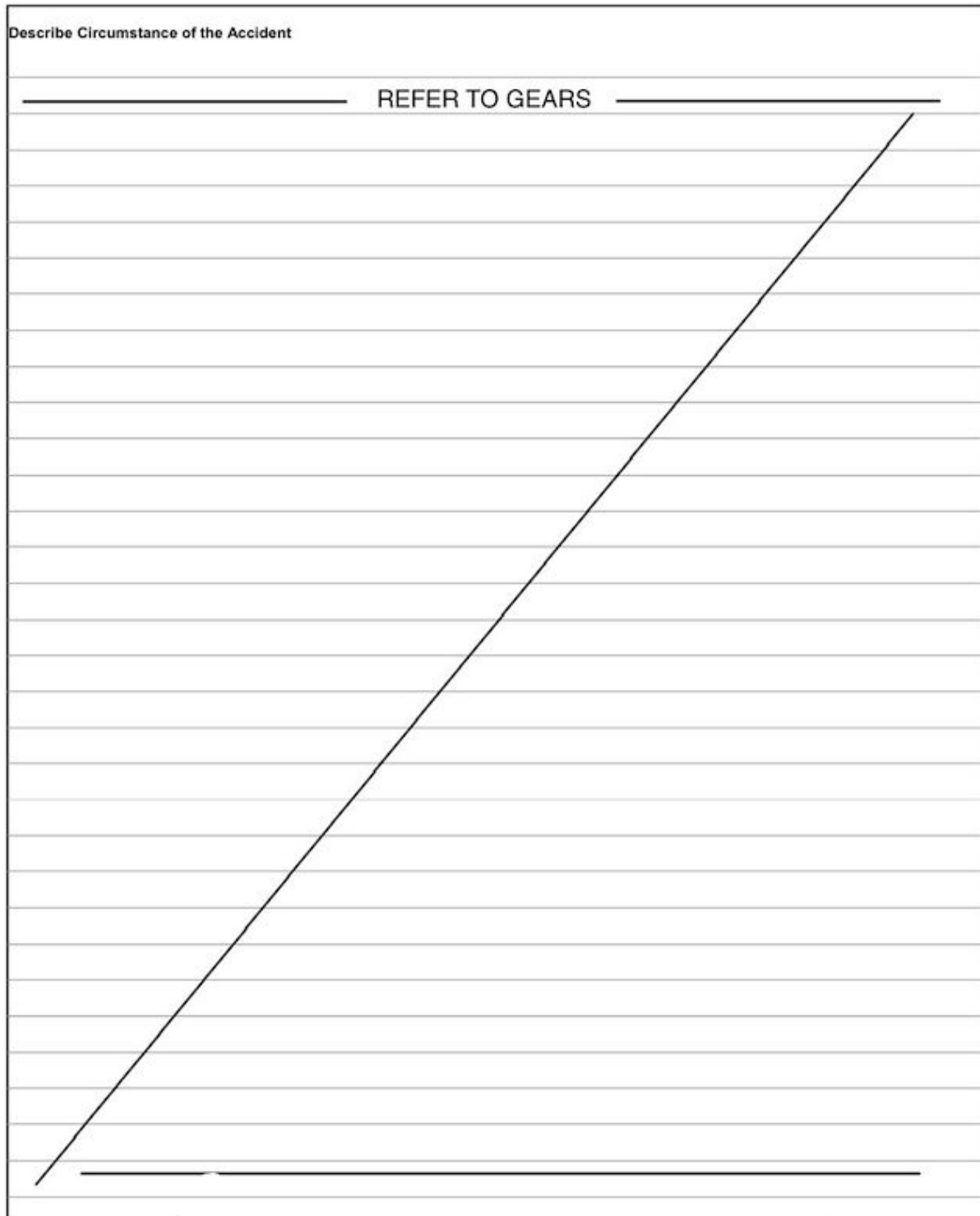
[Signature]

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
Muhammad Sumardi Bin Mohd Affandi
S995530

<p>A - SGG8525E B - SMB3017T</p>	<p>LORONG KISMIS</p> 
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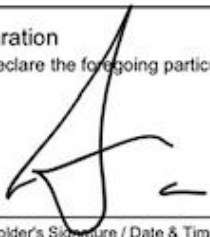
Describe Circumstance of the Accident

_____ REFER TO GEARS _____



Declaration

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

Policyholder's Signature / Date & Time

 21/12/2022
 2020HRS

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

Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)
 Muhammad Sumardi Bin Mohd Affandi
 S995530