

## 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	03/01/2023 17:32 (SGT)
Reported by	Driver
Date of Accident	02/01/2023 15:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JLN AHMAD IBRAHIM TOWARDS TUAS BEFORE JURONG BIRD PARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ5936Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEI WAI KEI
NRIC No	S8071244H
Email Address	CATH_LEI@YAHOO.COM
Mobile Phone No	(Phone) +65-82925859
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	5132821825

### DRIVER

Name of Driver	KANG DAEYOON
Passport No/FIN	G3053620M
Date Of Birth	22/11/1984

Occupation .....  
 Date Of Driving Pass .....  
 Driving experience .....  
 Gender .....  
 Mobile Number .....  
 Alt. Phone Number .....  
 Email Address .....  
 Address .....  
 Address complement .....  
 Postcode .....  
 Is the driver the policyholder? .....  
 If No, Relationship of the Driver with the Insured .....  
 Does Driver Own Other Vehicles? .....  
 Vehicle Registration Number of Other Vehicle Owned by Driver .....  
 Insurance Company of Other Vehicle Owned by Driver .....

Outdoor  
 02/08/2022  
 5 MONTHS  
 Male  
 (Phone) +65-81272195  
 -  
 CATH\_LEI@YAHOO.COM  
 53 HUME AVE #09-07 PARC PALAIS S598751  
 -  
 -  
 No  
 Friend  
 No  
 -  
 -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
 Weather Conditions .....  
 Road Surface .....

Collision - Head to Rear  
 Clear  
 Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....  
 Number of vehicles involved in the accident .....  
 Was anybody injured in the Accident? .....  
 Was any injured conveyed to hospital by ambulance? .....  
 Was any other vehicle or property damaged? .....  
 Number of Passengers (Including Driver) .....  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....  
 Translator's name .....  
 Translator's ID .....  
 Translator's phone number .....  
 Translator's email .....  
 Original language used in the statement .....

No  
 2  
 Yes  
 No  
 Yes  
 5  
 No  
 -  
 -  
 -  
 -  
 -

#### PASSENGER 1

Name .....  
 Gender .....

UNKNOWN  
 Male

#### PASSENGER 2

Name .....  
 Gender .....

UNKNOWN  
 Male

#### PASSENGER 3

Name .....  
 Gender .....

UNKNOWN  
 Female

#### PASSENGER 4

Name .....  
 Gender .....

UNKNOWN  
 Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....  
 Was notice of intended Prosecution given? .....  
 If yes, against whom? .....

No  
 No  
 -

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED REPORT

## 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 ..... SHB4668S  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 Name of Driver ..... CHIA HENG SENG  
 Contact Number ..... (Phone) +65-98207249  
 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 ..... KANG DAEYOON  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... UNKNOWN  
 Injured person in which vehicle? ..... SMQ5936Z  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... JUNGHWA OH  
 Gender ..... -  
 Phone No ..... (Phone) +65-91002570  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... UNKNOWN  
 Injured person in which vehicle? ..... -  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 3

Name of injured person ..... KANG YEONU  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... UNKNOWN  
 Injured person in which vehicle? ..... SMQ5936Z  
 Were seat belts worn? ..... Yes



Was this injured conveyed to hospital by ambulance? .....

No

INJURED 4

Name of injured person .....

NAASON MARIBEL PAT

Gender .....

-

Phone No .....

(Phone) +65-8172195

Address .....

-

Address Complement .....

-

Post Code .....

-

Approximate Age Years Old .....

-

Injuries Sustained .....

UNKNOWN

Injured person in which vehicle? .....

SMQ5936Z

Were seat belts worn? .....

Yes

Was this injured conveyed to hospital by ambulance? .....

No



# SKETCH PLAN

## SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

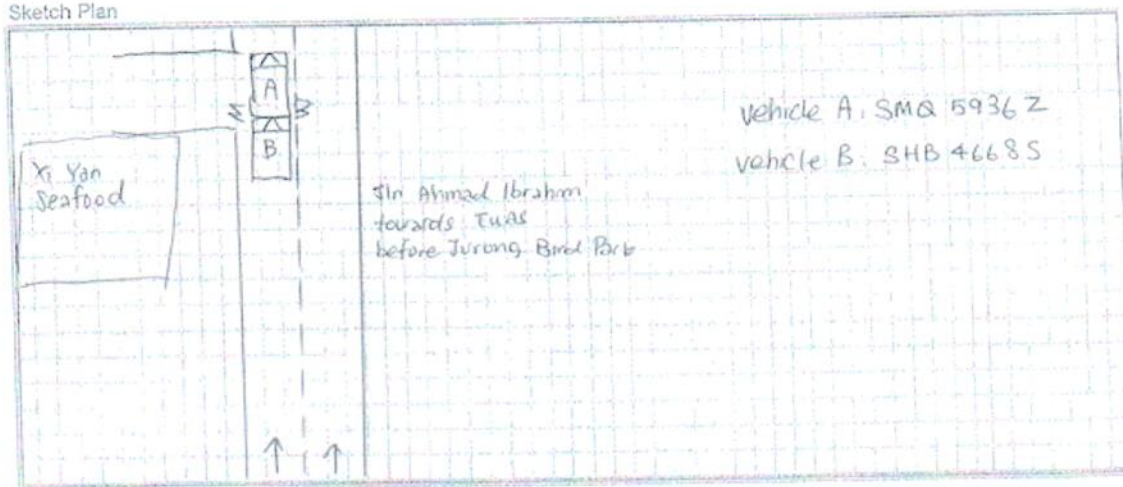
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

*On Site*  
Policyholder's Signature / Date & Time

*14-30*  
*3/1/23*  
Driver's Signature (if driver is not the policyholder) / Date & Time

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

### Sketch Plan



Describe Circumstance of the Accident

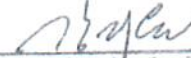
As of above date and time, I was driving my vehicle (SMA 5936Z) along Jln Ahmad Ibrahim towards Tuas on the left lane of a 2 lane Rd. Somewhere before Jurong Bird Park, I slowed down my vehicle and out of a sudden, vehicle B (SHB 4668 S) collided into the rear portion of my vehicle.

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

14-30  
3/1/23



  
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)