

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	30/12/2022 16:19 (SGT)
Reported by	Both
Date of Accident	30/12/2022 10:45 (SGT)
Exact Location of Accident	Near Jln Rumah Tinggi, Singapore
Additional Location Information	JLN RUMAH TINGGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8985D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG QUEK MEAU
NRIC No	SXXXX426E
Email Address	ADMIN@DACC.COM.SG
Mobile Phone No	(Phone) +65-93830384
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128444678

DRIVER

Name of Driver	CHONG QUEK MEAU
NRIC No	SXXXX426E
Date Of Birth	06/01/1966
Occupation	Outdoor

Date Of Driving Pass	10/11/1985
Driving experience	37 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93830384
Alt. Phone Number	-
Email Address	ADMIN@DACC.COM.SG
Address	2 BEDOK RESERVOIR VIEW #11-02
Address complement	-
Postcode	479232
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	Collision - Major/Minor Rd
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)	2
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

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

PLEASE REFER TO THE 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	TOO LARGE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU4139E
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	SALIM HANA BIN SALIMAN
NRIC No	SXXXX618F
Contact Number	(Phone) +65-92729349
Address	-
Address complement	-
Postcode	-
Insurance Company Name	India International Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

Fetch a passenger from Blk 35 Jln Rumah Tinggi to head for Capital Tower. I was supposed to head towards Hoy Fatt Rd and as I was slowing down to stop when car SLU4139E came out from the right side of my car, hitting and clipping the side ~~front~~ of the driver's door.

I am quite certain that I only saw his car coming towards my car from the driver's window (suddenly appear).

Declaration

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

 30.12.2022

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)

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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.

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)

Sketch Plan



































