

## 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	09/01/2023 09:39 (SGT)
Reported by	Both
Date of Accident	08/01/2023 13:02 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BERNAM STREET.
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW5618K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CAMOENS BRYAN LIONEL
NRIC No	S8428436Z
Email Address	BRYANCAMOENS@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92302584
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Touran
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1600

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120545847-01

### DRIVER

Name of Driver	CAMOENS BRYAN LIONEL
NRIC No	S8428436Z
Date Of Birth	27/09/1984
Occupation	Indoor

Date Of Driving Pass	20/01/2014
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-92302584
Alt. Phone Number	-
Email Address	BRYANCAMOENS@HOTMAIL.COM
Address	BLK 90 #19-10 DAWSON ROAD
Address complement	-
Postcode	142090
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)	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	NATALIA GONZALES
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(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 PROVIDE THE VIDEO TO INSURANCE WHEN REQUIRED.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA775Y
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LEE LOH SHOON
NRIC No	S1404501E
Contact Number	(Phone) +65-97851286
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	-

PASSENGER 3

Name	UNKNOWN
Gender	-


## Describe Circumstance of the Accident

On 8/1/2023 at about 1:02pm, I was driving my car SMW5618K along Barron Street on the 2nd lane out of the 3 lanes road. I was driving normally and was not in a rush. Suddenly this taxi SHAA77SY made a sudden lane change from the right and due to that, the taxi SHAA77SY first left corner collided to the right rear side of my car SMW5618K. I wish to state that I was driving straight and traffic was not heavy.

After the collision, we took some photos and exchanged details, and then we left. There were no injuries. That is all.

## Declaration


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

 8/1/2023  
205306h

Policyholder's Signature / Date & Time

 8/1/2023  
205306h

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

 muhammed nizam  
Bin Ali

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

5993585



**SKETCH PLAN**




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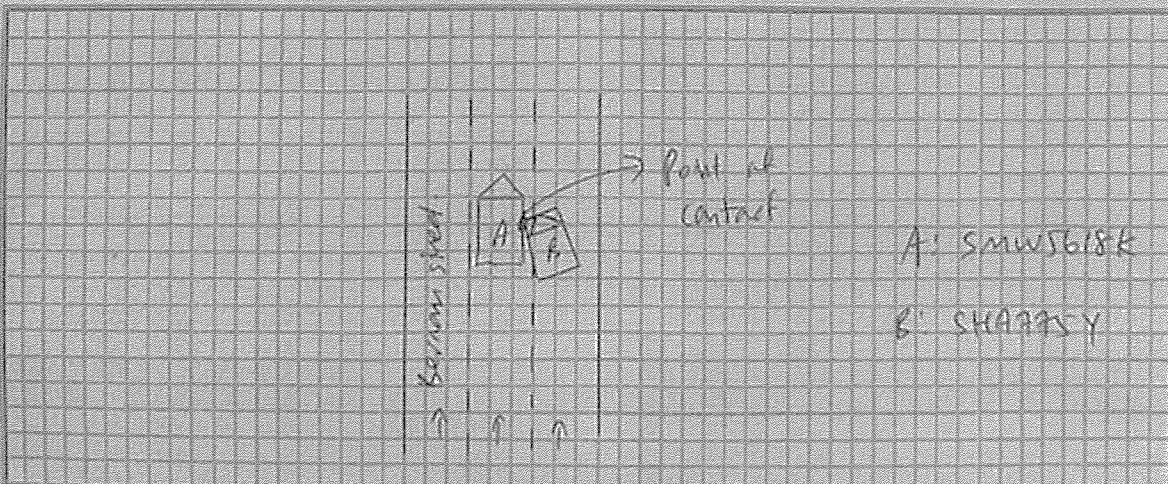
**8. Consent under the Personal Data Protection Act (PDPA)**

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.

 9/1/2023 0830hrs	 9/1/2023 0830hrs	 MUHAMMAD Nizam Bin Awan
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**











IMAGES #4

