# **©** SINGAPORE ACCIDENT STATEMENT

IMPURIANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

Information provided must be as truthful and accurate as possible. Any which must be supported in the part of the insurance companies.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for Investigation.
 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 of that copies of this report will, for a fee, be made available upon application by interested parties.
 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

03/01/2023 16:16 (SGT) Date of Submission Reported by 31/12/2022 21:00 (SGT) Date of Accident Mosque St, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

### **DETAILS OF OWN VEHICLE**

**SMD6366E** Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? Hua YuSong Name Of Registered Owner ...... S6963806F NRIC No huayusong@hotmail.com Email Address (Phone) +65-91266066 Mobile Phone No Alternative Phone No

#### VEHICLE PARTICULARS

**BMW** Manufacturer 740 Model Variant Exact purpose for which vehicle was being used at time of Private use ..... Are you claiming under your own insurance policy for repair to No - Claiming third party ..... your vehicle? Private car Vehicle Category Auto Transmission 3000 

## INSURANCE COMPANY

Income Insurance Limited Name of Insurance Company Policy Number / Cover Note Number 5112856779-03

#### DRIVER

Hua YuSong Name of Driver S6963806F NRIC No 21/05/1959 Date Of Birth Outdoor Occupation

128GB SSD

to repudiat

chiving

esaid.

## SKETCH PLAN

PORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misropresentation or withholding of material facts may allow
- 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. Any false reporting may be referred to the Traffic Police Department for Investigation.
- This report will be forwarded by the Insurers to 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
- 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 date/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
- (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.

Policyhalder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIICAD card)

Sketch Plan