

# 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 ..... 14/11/2022 15:23 (SGT)  
Reported by ..... Both  
Date of Accident ..... 12/11/2022 17:25 (SGT)  
Exact Location of Accident ..... 10 Bayfront Ave, Singapore 018956  
Additional Location Information ..... BASEMENT CAR PARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLP9551R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN KOK HWEE (CHEN GUOHUI)  
NRIC No ..... S9341249D  
Email Address ..... jaydentkh@gmail.com  
Mobile Phone No ..... (Phone) +65-97550634  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5126210272

### DRIVER

Name of Driver ..... TAN KOK HWEE (CHEN GUOHUI)  
NRIC No ..... S9341249D  
Date Of Birth ..... 02/11/1993  
Occupation ..... Indoor

Date Of Driving Pass .....	11/10/2013
Driving experience .....	9 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97550634
Alt. Phone Number .....	-
Email Address .....	jaydentkh@gmail.com
Address .....	BLK 108A BIDADARI PARK DRIVE
Address complement .....	#05-184
Postcode .....	341108
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) .....	3
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 .....	TANG KAI LING
Gender .....	Female

#### PASSENGER 2

Name .....	JAYSON TAN
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

REFER TO THE ATTACHED SKETCH PLAN

#### 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 .....	GBE9918T
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Nv200
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SELVARAJ KAVIARASAN
Passport No/FIN .....	G3841482N
Contact Number .....	(Phone) +65-81449753
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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6. 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.
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Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

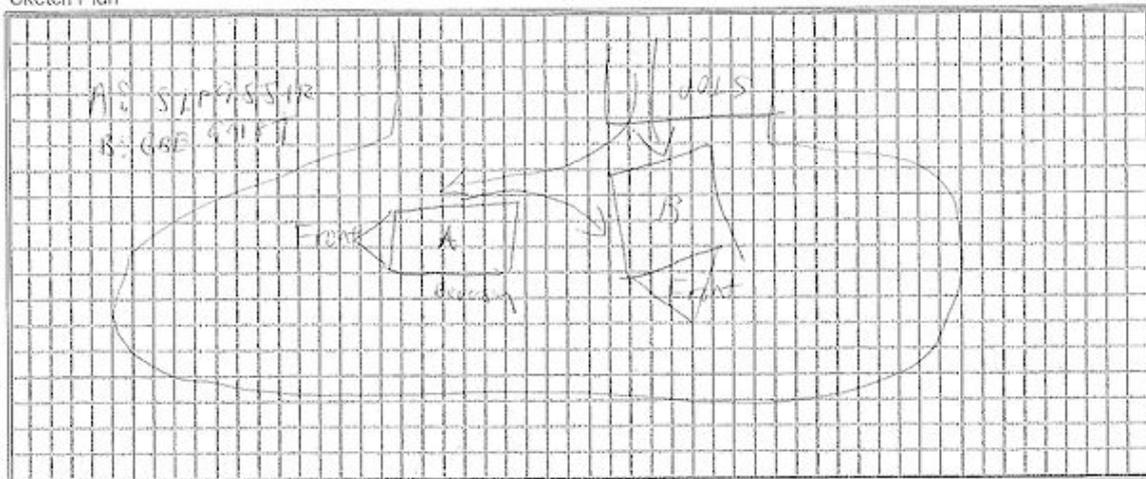
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 14/11/22  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel  
 (Name as in NR/C/D card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

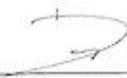
I turn into a driveway in the carpark and stopped to do a three point turn. After checking blind spots, I reverse to the left while looking at my rear camera and left mirror. Opposite driver did not stop at stop sign and rush out to my back of the car, causing me to collide to his side.

Declaration

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

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

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







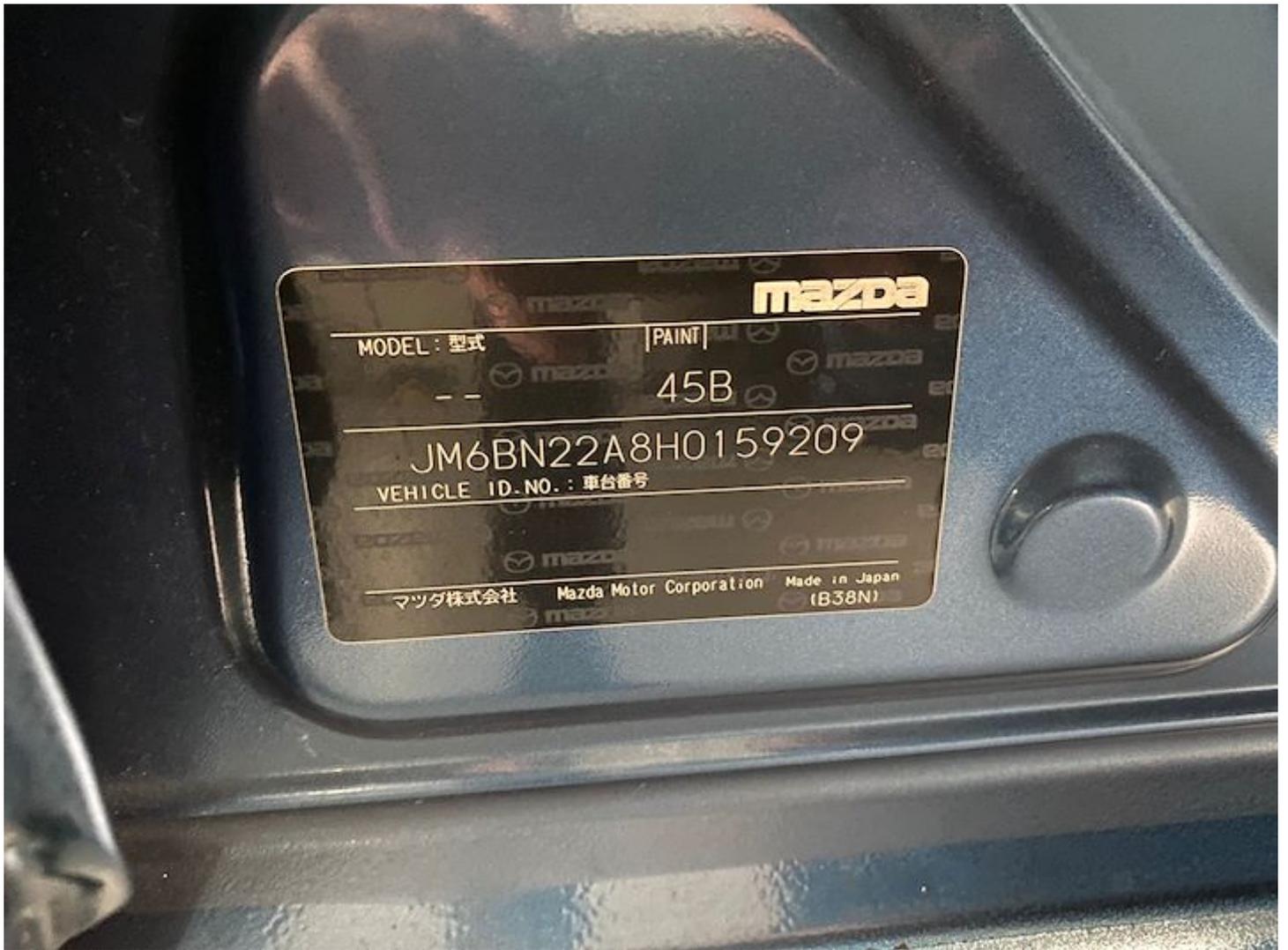














**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SM0Y22BE0003 Vehicle Registration No: SLP 9831 R  
 Name (as shown in NRIC): TAN KOK HWEE NRIC/FIN/Passport No: \_\_\_\_\_  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 12/11/2022 Time of Accident: 17:25  
 Place of Accident: MBS - BASEMENT CAR PARK  
 Insurance Company: INCOME

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

\_\_\_\_\_

- To amend claim to "third party"

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Signature]  
 Policyholder / Driver's Signature  
 Date:

[Signature]  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: