

## 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 .....	18/01/2023 17:33 (SGT)
Reported by .....	Driver
Date of Accident .....	17/01/2023 15:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	6 TUAS SOUTH STREET 8
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMV5331S
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TOK CHING SIM
NRIC No .....	S1593201E
Email Address .....	tokzhileong1995@gmail.com
Mobile Phone No .....	(Phone) +65-96150948
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Cla180
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 .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5126297715

#### DRIVER

Name of Driver .....	ONG WEI XUAN
NRIC No .....	S9644786H
Date Of Birth .....	04/12/1996
Occupation .....	Indoor

Date Of Driving Pass .....	22/07/2020
Driving experience .....	2 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93247058
Alt. Phone Number .....	-
Email Address .....	tokzhileong1995@gmail.com
Address .....	BLK 664A JURONG WEST STREET 64
Address complement .....	#11-256
Postcode .....	641664
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	FATHER IN LAW
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 - Head to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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 .....	-

#### 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

MY CAR WAS STATIONARY WHEN THE LORRY AHEAD SUDDENLY REVERSED INTO MY CAR.THE REAR OF THE LORRY HIT INTO MY FRONT CENTER PORTION. I WENT TO THE CLINIC AND WAS GIVEN 2 DAYS MC.

#### 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 .....	EMAIL TO MOTORVIDEO@INCOME.COM.SG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XB2282U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	WONG CHOR PUN
NRIC No .....	S1484457J
Contact Number .....	(Phone) +65-96179058
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	ONG WEI XUAN
Gender .....	Female
Phone No .....	(Phone) +65-93247058
Address .....	BLK 664A JURONG WEST STREET 64
Address Complement .....	#11-256
Post Code .....	641664
Approximate Age Years Old .....	26
Injuries Sustained .....	NECK PAIN AND HEADACHE
Injured person in which vehicle? .....	SMV5331S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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### 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.

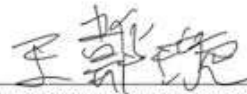
(collectively the **"Purposes"**)

(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.

18/01/2023  
1745HRS

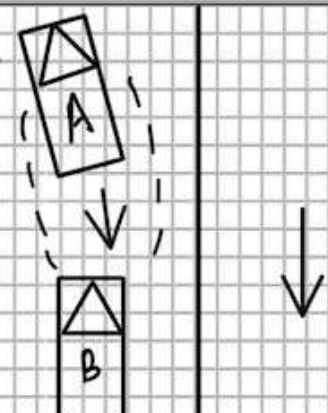
Policyholder's Signature / Date & Time

  
 18/01/2023  
 1745HRS  
 Driver's Signature (if driver is not the policyholder) / Date & Time

  
 AHMAD SUFIYAN ASSURI  
 BIN MUSTAFFA  
 S992991

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

**Sketch Plan**

	<p style="font-size: 1.2em;">VEH A:XB2282U</p> <p style="font-size: 1.2em;">VEH B:SMV5331S</p>
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Describe Circumstance of the Accident

REFER TO GEARS REPORT

**Declaration**

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

18/01/2023  
1745HRS

Policyholder's Signature / Date & Time

18/01/2023  
1745HRS

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

AHMAD SUFIYAN ASSURI  
BIN MUSTAFFA  
S992991

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















