

# 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 willful 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 10:47 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 17/01/2023 11:00 (SGT)  
Exact Location of Accident ..... 9 Raffles Boulevard, Millenia Walk, #01-51, Singapore 039596  
Additional Location Information ..... RAFFLES BOULEVARD JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGP2593A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ASIA EXPRESS CAR RENTAL PTE LTD  
Company Reg No ..... 2XXXXX882D  
Email Address ..... PEIJIE@EXPRESSCAR.COM.SG  
Mobile Phone No ..... (Phone) +65-91998131  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... ALTIS 1.6 CVT  
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 ..... 5126469337

### DRIVER

Name of Driver ..... JEFFREY ANG HOCK PENG  
NRIC No ..... SXXXX688E  
Date Of Birth ..... 02/01/1964  
Occupation ..... Outdoor

Date Of Driving Pass .....  
 Driving experience .....  
 Gender .....  
 Mobile Number .....  
 Alt. Phone Number .....  
 Email Address .....  
 Address .....  
 Address complement .....  
 Postcode .....  
 Is the driver the policyholder? .....  
 If No, Relationship of the Driver with the Insured .....  
 Does Driver Own Other Vehicles? .....  
 Vehicle Registration Number of Other Vehicle Owned by Driver .....  
 Insurance Company of Other Vehicle Owned by Driver .....

18/04/1985  
 37 YEARS AND 9 MONTHS  
 Male  
 (Phone) +65-88008303  
 -  
 PEIJIE@EXPRESSCAR.COM.SG  
 BLK 221 BUKIT BATOK EAST AVENUE 3 #02-170  
 -  
 650221  
 No  
 Hirer  
 No  
 -  
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Cross Junction  
 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? ..... Yes  
 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 ..... UNKNOWN  
 Gender ..... Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Hong Kah North Neighbourhood Police Post  
 Police Station Phone No ..... (Phone) +65-18005679999  
 Alt. Police Station Phone No ..... (Fax) +65-65652508  
 Police Station Address ..... Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

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 ..... WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	TP416M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person .....	UNKNOWN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	TP416M
Were seat belts worn? .....	No
Was this Injured conveyed to hospital by ambulance? .....	Yes

**WITNESS DETAILS**

WITNESS 1

Name .....	Dheeraj
Phone .....	(Phone) +65-82332453
Email .....	-

**SKETCH PLAN**

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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.
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 the 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 based 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  \_\_\_\_\_

Sketch Plan



**Describe Circumstances of the Accident:**

On 17/01/2023 at 11:00am I was driving along Raffles Blvd towards Sinter direction. There was a TP officer controlling the traffic and my side was stationary waiting for the TP convoy to pass. After a while the officer controlling the traffic rode off. And the traffic light was green on my side. All vehicles started to move off. I drove off too, just right after I pass the divider. A TP came straight in front of me that I didn't have time to brake. I crash head on to his side.

**Declaration:**

We declare the foregoing particulars are true in every respect.

   
 Policyholder's Signature / Date

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

   
 Witnessed by Reporting Centre Personnel