

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 19/12/2022 17:02 (SGT)
Reported by Both
Date of Accident 17/12/2022 22:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information BUANGKOK EAST DR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN7434U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MATHAN S/O KANIASAN
NRIC No S8726606J
Email Address ERICK_MAYTHAN19@HOTMAIL.COM
Mobile Phone No (Phone) +65-98802440
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant HONDA / VEZEL HYBRID 1.5X AUTO
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 1496

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5131306034

DRIVER

Name of Driver MATHAN S/O KANIASAN
NRIC No S8726606J
Date Of Birth 24/08/1987
Occupation Indoor

Date Of Driving Pass	11/08/2010
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98802440
Alt. Phone Number	-
Email Address	ERICK_MAYTHAN19@HOTMAIL.COM
Address	APT BLK 184A WOODLANDS STREET 13
Address complement	#08-649
Postcode	731184
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)	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

PLEASE REFER TO THE SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX3827S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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) -

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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")

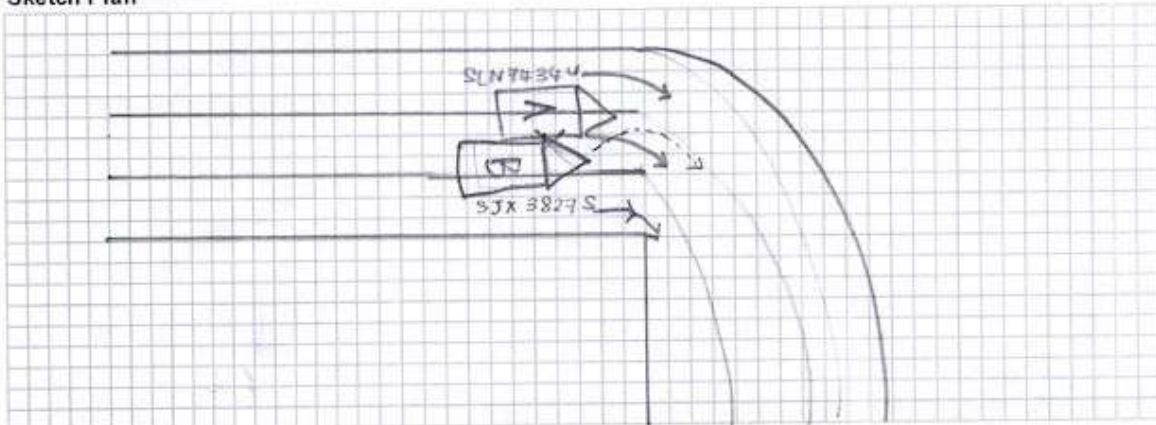
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
19/12/2022 1620 hrs

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I was traveling down Buangkok East Drive in the direction of my house on December 17, 2022, around 10:10 pm. I was on a road with three right turning lanes. and before my car could fully enter the lane to the right, I had already indicated to the right and was proceeding slowly and cautiously to the right after ensuring there were no other vehicles on my right. As I was slowly moving into the lane, a car suddenly speed up, slammed into me, making a loud noise as it hit me. The car's brakes jammed, and my car came to a complete stop. As seen by the camera, the automobile then moved off after striking me and entered my lane in front.

After the collision, both of us drove to the side of the road and got out to check on all involved parties to make sure nobody was hurt. Everyone said there were no injuries. While the other party had two passengers. I was on my own and there were no injuries. upon inspecting our car, I noticed that my right bumper, fender and arch panel had been dented and damaged with the paint from the other party's car. Additionally, my right bumper had ripped apart and my right headlight lamp was scratched. My rims were also damaged with a scratch and a dent on the right side.

The other party vehicle was a black Toyota Fortuner with the license plate SJX 3827 S. The only visible damage to the car was a little scratch on the rear LH fender protector and rear LH bumper protector. I have provided this report with all actual information and documentation, including photographs and video recorded at the scene of the accident from my in-car camera. During the event, I asked the other party to share his video footage but he refused even though his camera was in full operation.

End of Reporting.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
19/12/2022 @ 1620 hrs

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

Witnessed by Reporting Centre Personnel