

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 30/01/2023 12:19 (SGT)
Reported by Both
Date of Accident 28/01/2023 17:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF CANBERRA CRES & CANBERRA WAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ1719M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LU LINGFEI
NRIC No SXXXX608J
Email Address lulingfei1990@gmail.com
Mobile Phone No (Phone) +65-91884506
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model COROLLA ALTIS 1.6 CVT
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 1598

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5123281019-01

DRIVER

Name of Driver LU LINGFEI
NRIC No SXXXX608J
Date Of Birth 19/03/1990

Date Of Driving Pass	05/03/2012
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91884506
Alt. Phone Number	-
Email Address	lulingfei1990@gmail.com
Address	BLK 129C CANBERRA ST #05-584
Address complement	-
Postcode	753129
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	Collision - Cross Junction
Weather Conditions	DRIZZLING
Road Surface	Wet

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

REFER SKETCH ATTACHED.

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 DIRECT TO INCOME.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1931X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHUA TEE KHONG @TAY TEE KHONG

NRIC No	SXXXX119B
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

VEH NO: SMZ 1719M
INSURER: Income
DATE OF ACC: 28/1/23 @ 17:30

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

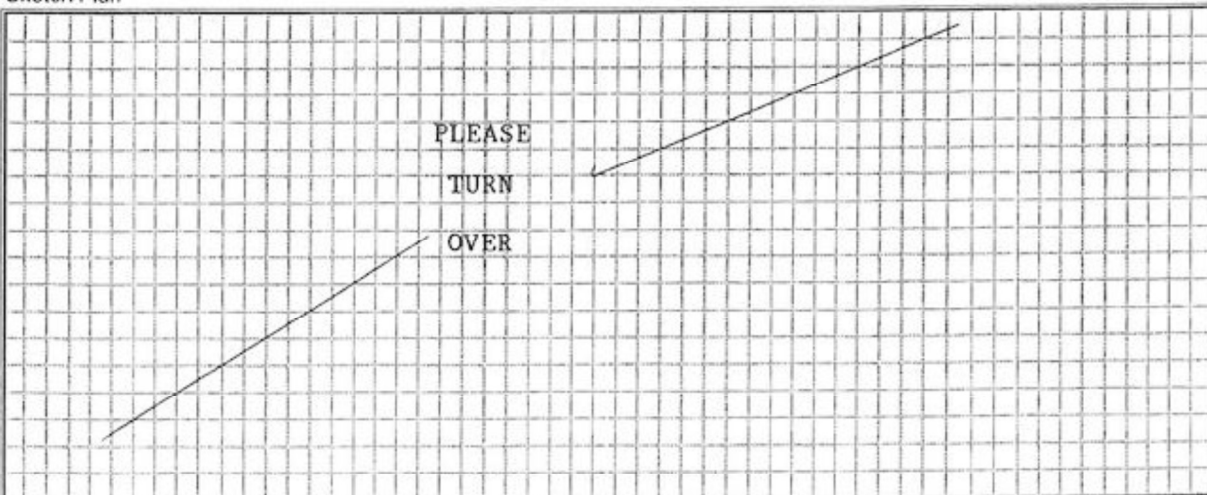
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy (☒) Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan

Canberra Cres

Canberra Way

A=SMZ1719M

B:SHC1931X

Chua Tee Khong @ Tay Tee Khong

S 02381198

On the evening of 28th JAN 23 at around 1730 hrs I was driving alone in my car. At the junction of Canberra Cres and Canberra way, I proceeded to turn right from Canberra Cres to Canberra way, as I was doing so, a blue colour Comfort delgro taxi came in front of my car and hit me. I was in the right of way as I followed the green arrow to turn, the taxi did not stop at the red light of the junction. Subsequently upon impact, the taxi ~~proceeded~~ continued driving straight and stop at the road side.

Declaration

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


Policyholder's Signature / Date & Time

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

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

(YS)