# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 01/02/2023 12:11 (SGT) Reported by Driver Date of Accident 31/01/2023 15:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **TOWARDS CHANGI** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Private use

Private car

Auto

2362

No - Claiming third party

Vehicle Registration Number SLE928E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG CHONG MON NRIC No S2589748Z Email Address ngweihou@yahoo.com.sg Mobile Phone No (Phone) +65-96690928 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Estima Variant AERAS 2.4 CVT ABS AIRBAG 2WD

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5080884470-06

DRIVER

Name of Driver NG WEI HOU NRIC No S9817699C Date Of Birth 30/05/1998 Occupation Indoor

Date Of Driving Pass 28/12/2016 Driving experience 6 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-91149041 Alt. Phone Number Email Address ngweihou@yahoo.com.sg Address **BLK 247 KIM KEAT LINK #04-39** Address complement Postcode 310247 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name NG CHONG MON Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH 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 SHD7155A

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Taxi
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**

NG CHONG MON

#### INJURED 1

#### INJURED 2

Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE928E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Name of injured person

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 Traffic Police Department for investigation.
- 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.
- 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:

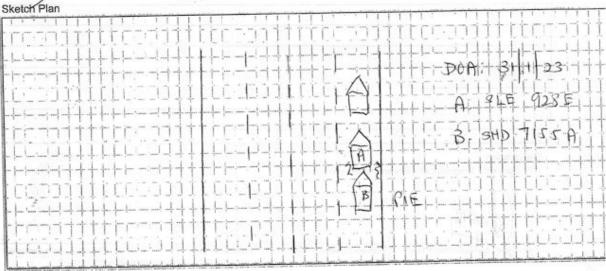
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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 Sig Date & Time Driver's Signature (if driver is not the policyholder) / Date

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



1

		of the Accident	7 fellower	d suit	but	10 TON 11 TROS
110	on an	5100000 30	I WINNE	Sail	Dai	Veil
5	tailed	to brate	in time	hit onto	my ven	- CECV
		The state of the s		PRIL ME STATE	THE REAL PROPERTY.	BELLEVINE BREIT FALL
00	tion.		teral militaria			
1	and to stream or	The throughouse	See See See	to a series of the	and the same	
		Wall to the same of the same o				
		A STATE OF THE STA		300 NOVE 1000 NO		Conservation of the Property o
	100.00	Sold Company of	(AD) mogașiii i	Society economic	Parker Leaving	asterna un sesso de la
-		C STATE OF THE PARTY OF THE PAR	THE RESERVE OF THE PARTY OF THE	Col for Account		4:0
_		or story developed to the				(c) Plant Treated Vertical and
		A PROPERTY OF THE PARTY OF THE		100 300 100		Will of Dentey (Bollet)
ci	policies and high	Thing the same	and and to present the same			
	10011-000				The Park of the Pa	resiment des la temperature de
-	ver http://weise	of an amphabation				
_		PASSON WINESAND	22 37 = 14U U 3			
		AND THE RESERVE			17003	contour We produce to
						andodata, we American
	15/402 10		I - J.D. plane parties	and to moved basis		of the Personal Information
_				TO PERSON TOWN OF	Water Cont	tel training and their processing
_			<del></del>			
_				De " "		
		-3-07		350		N W. Sal
	100					
						nas-parket
-						
_	1					
	100		1 1175			
						n 9
0	815 . 3					
	TOTAL T	1.1				

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

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

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

2



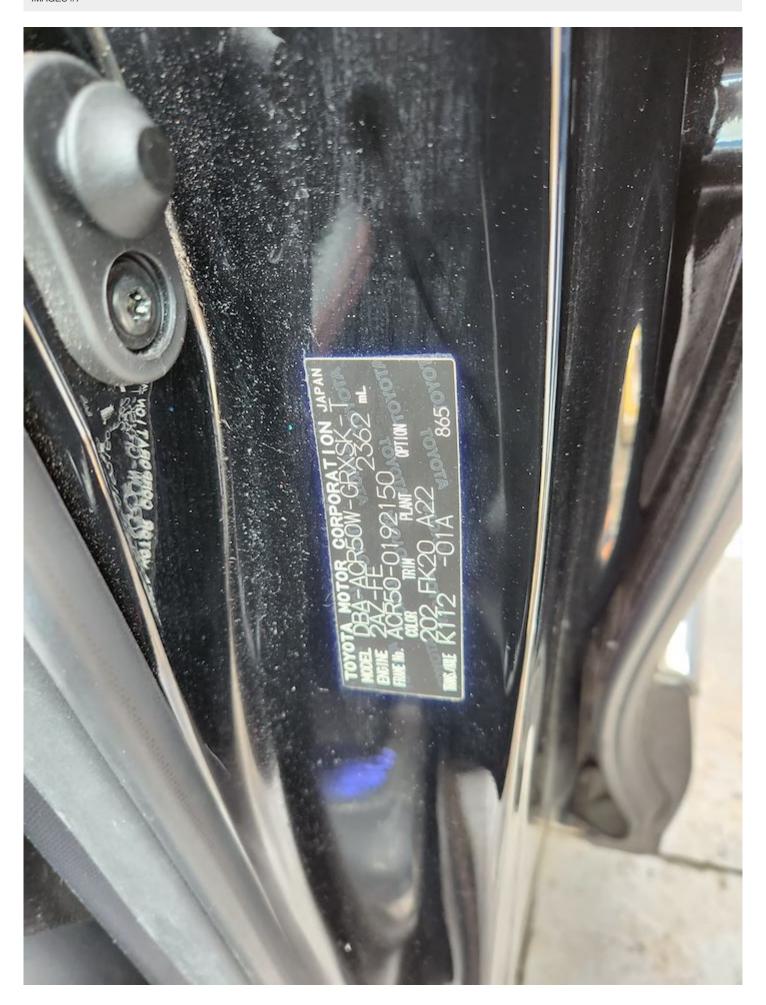












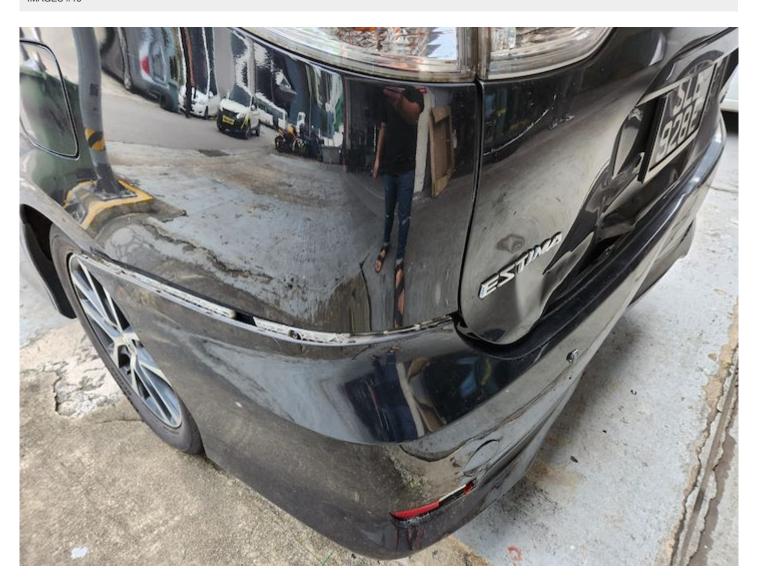














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: SLE928E SJ0E23210002 \_\_ Vehicle Registration No:\_\_\_\_ Original Report No: \_\_\_ S9817699C NG WEI HOU \_\_NRIC/FIN/Passport No: \_\_\_ Name (as shown in NRIC): \_\_\_ (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate BLK 247 KIM KEAT LINK #04-39 \_\_\_\_ Singapore ( 310247 ) \_\_\_\_\_ Mobile No.: \_\_\_\_\_ 9114 9041 Contact (Tel): ngweihou@yahoo.com.sg Email Address: 15:30 31/01/2023 Date of Accident: \_\_\_\_ Time of Accident: \_\_\_ Place of Accident: \_\_\_\_ PIE > CHANGI INCOME INSURANCE LIMITED Insurance Company: \_\_\_ (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: ACCIDENT TIME SHOULD BE: 15:30 Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No.:

Date:

GIARMC Addendum Form