

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	13/02/2023 15:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/02/2023 01:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	299 YIO CHU KANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3799E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NICHOLAS NG QI YU
NRIC No	S9210280G
Email Address	NICHOLAS_NLX@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82993249
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5102887824-04

DRIVER

Name of Driver	NICHOLAS NG QI YU
NRIC No	S9210280G
Date Of Birth	02/03/1992
Occupation	Indoor

Date Of Driving Pass	24/10/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82993249
Alt. Phone Number	-
Email Address	NICHOLAS_NLX@HOTMAIL.COM
Address	BLK 204D COMPASSVALE DRIVE #09-407
Address complement	-
Postcode	544204
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	Collided into Parked Vehicle
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)	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	CAI YING
Gender	Female

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

ON THE STATED DATE AND TIME, I WAS STATIONARY AND WAITING TO PUMP AIR INTO MY TYRES. WHILE I WAS WAITING, THE VEHICLE B REVERSED AND KNOCKED THE FRONT OF MY VEHICLE AND DAMAGED MY FRONT BUMPER. AFTER I HORNED AND ALERTED HIM. WE EXCHANGED PARTICULARS AND PROCEED TO DO THROUGH INSURANCE CLAIM.

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	TO REQUEST FROM DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN8978Y
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN SZE WEI JERRY
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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' 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.

 1:32
18 Feb 23
Policyholder's Signature / Date & Time

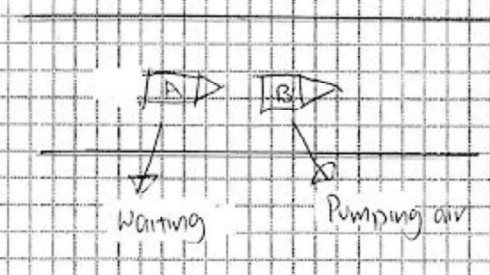
 1:32
18 Feb 23
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

249 Yio Chu Kang Road
ESSO

Vehicle A: SLZ379HE
Vehicle B: SKN8978Y
(Reverse)



Describe Circumstance of the Accident

On the stated date and time, I was stationary and waiting to pump air into my tyres.


While I was waiting, the vehicle B reversed and knock the front of my vehicle and damaged my ^{front} bumper after I horned and alerted him.

We exchanged particulars and proceed to do through insurance claim.

Declaration

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


18 Feb 23 1:33
Policyholder's Signature / Date & Time


19 Feb 23 1:57
Driver's Signature (if driver is not the policyholder) / Date & Time


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