

## 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	17/02/2023 12:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/02/2023 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WHAMPOA SOUTH TURNING OUT TO BENDEMEER ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ5373L

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BOO WEE CHONG IVAN (WU WEI CONG)
NRIC No	SXXXX521Z
Email Address	ivan@inmeetcms.com
Mobile Phone No	(Phone) +65-81023826
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1318

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5108731376-03

#### DRIVER

Name of Driver	BOO WEE CHONG IVAN (WU WEI CONG)
NRIC No	SXXXX521Z
Date Of Birth	04/11/1969
Occupation	Indoor

Date Of Driving Pass .....	22/02/1994
Driving experience .....	29 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-81023826
Alt. Phone Number .....	-
Email Address .....	ivan@inmeetcms.com
Address .....	APT BLK 13 ST. GEORGES ROAD
Address complement .....	#11-256
Postcode .....	320013
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 - Head to Rear
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

I WAS AT THE SMALL LANE WHAMPOA SOUTH TURNING OUT TO THE MAIN ROAD (BENDEMEER ROAD). MY CAR WAS STATIONARY WHEN THE BACK VEHICLE SDF9Y BUMP INTO MY CAR REAR PORTION OF THE CAR, THERE ARE NO INJURIES SUSTAINED.

#### 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 .....	WILL EMAIL TO INCOME.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SDF9Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	MS LIEW
Contact Number .....	(Phone) +65-96987046
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

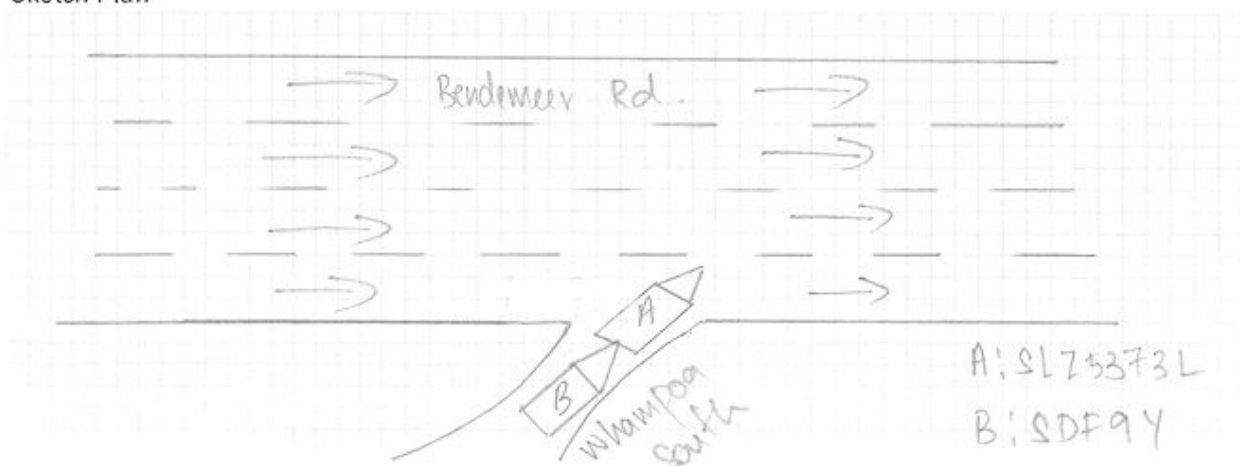
**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation**.
6. The 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.
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 17 Feb 2023 11:00 AM

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 at the small lane Whanpoa South turning out to the main road - Bendeme Road my car was stationary when the back vehicle SDY9Y bump into my rear portion of the car. There are no injuries sustained.

## Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date &  
 Time 17 Feb 2023 11:20 am

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

  
 Witnessed by Reporting Centre  
 Personnel



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SK00232H0001 Vehicle Registration No: QLZ5373L  
 Name (as shown in NRIC): Boo Wei Chong Ivan NRIC/FIN/Passport No: S69395212  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 13 St. George's Road #11-256 Singapore (320013)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8102 3826  
 Email Address: ivan@inmeetcms.com  
 Date of Accident: 16/02/2023 Time of Accident: 1750HRS  
 Place of Accident: Whampoa South turning out to Bendemeer Road  
 Insurance Company: Income

**(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:

- ① To change email address to ivan@inmeetcms.com.
- ② To add third party vehicle details.

[Signature]  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

[Signature]  
 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_