

## 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	06/03/2023 10:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/03/2023 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AIRPORT BOULEVARD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3179J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE MENG WAH
NRIC No	S1537125J
Email Address	LEEAIIDEN35@GMAIL.COM
Mobile Phone No	(Phone) +65-977633272
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
Variant	-
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5109272625

#### DRIVER

Name of Driver	LEE MENG WAH
NRIC No	S1537125J
Date Of Birth	11/02/1962
Occupation	Outdoor

Date Of Driving Pass	25/09/1993
Driving experience	29 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-977633272
Alt. Phone Number	-
Email Address	LEEAIKEN35@GMAIL.COM
Address	105 BEDOK NORTH AVE 4 #14 -2166 S460105
Address complement	-
Postcode	-
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	Raining
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 TO ATTACHED REPORT

#### 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	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4997Y
Vehicle Manufacturer	-
Vehicle Model	-
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)

-  
-  
-  
-  
-  
-  
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**SKETCH PLAN**

**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 Police Officer and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or a false statement of material facts may allow the insurer to dispute or 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 G.A. Records Management Centre established by the General Insurance Association of Singapore (GIAS) 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 to others.

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

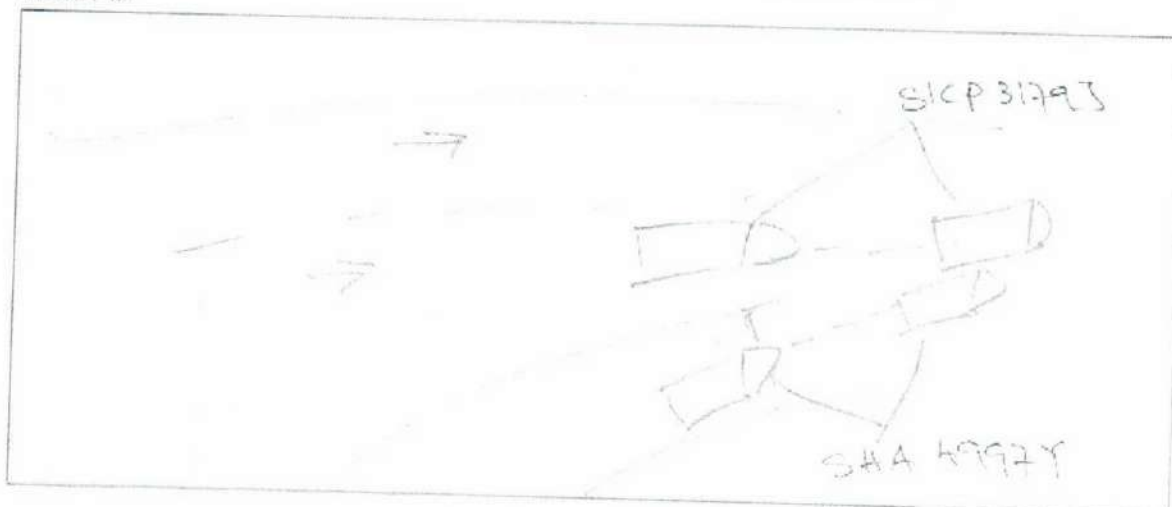
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workmen and the General Insurance Association of Singapore (GIAS) may be 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 furnished by my insurer (collectively, the **Personal Information**) and disclose and transfer such Personal Information to all persons who have insured vehicles involved in this accident (insurers) who have insured vehicles involved in this accident (including but not limited to 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 purposes 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) settling, disputing and/or dealing with my investigations or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports, notices to me which could have an disclosure of certain personal data about me or being 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 Insurers who have insured vehicles involved in this accident and the Insurers' lawyers, law firms, may also be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and my Personal Information may also be disclosed by any of the Insurers and/or GIAS to the third party service providers or agents, including their lawyers, law firms, which may be based outside of Singapore, for use or more of the above Purposes.

Signature of Insured Person (Driver)

Sketch Plan



Signature of Police Officer (if applicable)

Signature of Witness (if applicable)



Describe Circumstance of the Accident

I was travelling straight in my lane when suddenly I felt an impact and realised that I was being hit on the (RH) side by a taxi SHA 49977X which had dashed out from the side road

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy please check your policy for more information

Declaration

We declare the foregoing particulars are true in every respect

*[Signature]*

*[Signature]*

4/3/2023

11.00 A.M.



I, the undersigned, do hereby

declare that the above particulars are true and correct

At the place of the accident on the date and time stated above























