

# 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
- 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

09/03/2023 16:13 (SGT) Both Policyholder and Actual Driver 08/03/2023 14:00 (SGT) PIE, Singapore AND LOR 2 TOA PAYOH JUNCTION Singapore

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

Vehicle Registration Number

SFJ6536H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No.

**Email Address** Mobile Phone No Alternative Phone No No

TAN BEE LEN SXXXX109C

tanbeelen2018@gmail.com (Phone) +65-92960522

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Honda CITY I-VTEC

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

No - Claiming third party Private car

Auto 1497

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5107920191-03

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN BEE LEN SXXXX109C 09/03/1967 Indoor



Date Of Driving Pass 27/12/1991 Driving experience 31 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-92960522 Alt. Phone Number **Email Address** tanbeelen2018@gmail.com Address BLK 633D SENJA ROAD #22-131 Address complement Postcode 674633 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

#### GENERAL INFORMATION OF THE ACCIDENT

Insurance Company of Other Vehicle Owned by Driver

Type of Accident Collision - Major/Minor Rd
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?

Was notice of intended Prosecution given?

No
If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN.

#### 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
 SKR1233M

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver

 Contact Number

Describe Circumstances of the Accident
(PIE in the direction to Chay: Airport), relieb M. SKR1233 M Knocked File
(PIE in the direction to Chapi Arport) relief No. SKR1233 M Knowled it
my col
U .
On 08.03.23, hed @ around Deop.m. while Inving my relicle \$7658649
on my way to Ton Payoh Lorong 6 Exit (PIE in the direction to
Chapter Airport) Vehicle No. SKR 1233m, come out from the
[ give way side on the pard]
side without give way to my vehicle on I had drawing in
Straight I weeker. So, his relieb, SKR1233 M knocked into the
left rear site of my while SFJ 65364 and so was dended
Ton Payoh Lov Z  PIE Side of my While SFJ 65367 and so was denfed  PIE Side of my While SFJ 65367 and so was denfed  Reg 11 5 x 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
PIE / 22M
Kf 23
(My)
SFJ153 Ly V SWANT
St 2022 611
1
towards To a Payor horard 6 Ext (To Change Airport)
(male)
- SKR 1233M and driver, refused to produce I/C & Inswante
long for vertications and Irove away with female
possenger while I was wester for my NTN Income Overge
Fore to arrive
92960522, I pax clear dry Bee lene-mil: tambeelen 2018@ gmail.com.

## Declaration

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

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date

#### 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 w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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
- (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 &

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

refer to pg. 2