

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	15/03/2023 12:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/03/2023 07:15 (SGT)
Exact Location of Accident	Near Aft West Coast Lk, Singapore
Additional Location Information	ALONG WEST CAOST HIGHTWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ3409R
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OMAR BIN MOHD HUSSEIN
NRIC No	SXXXX747H
Email Address	KATCATSG@GMAIL.COM
Mobile Phone No	(Phone) +65-96673175
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131202906

DRIVER

Name of Driver	OMAR BIN MOHD HUSSEIN
NRIC No	SXXXX747H
Date Of Birth	12/06/1957
Occupation	Outdoor

Date Of Driving Pass	11/11/1982
Driving experience	40 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96673175
Alt. Phone Number	-
Email Address	KATCATSG@GMAIL.COM
Address	491 TAMPINES STREET 45 #04-242
Address complement	-
Postcode	527491
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	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	CHUANCE CHEN
Gender	Male

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 MENTIONED DATE & TIME, I WAS DRIVING AT LANE 3 OF WEST COAST HIGHTWAY. FROM MY SIDE VIEW, I NOTICED PRIME MOVER _VEHICLE B(XE7687L) WHICH WAS AT LANE 2 ENCROACHING TO MY LANE. I SOUNDED MY HORN TO WARN HIM BUT HE HIT MY RIGHT PORTION OF MY CAR. AS A RESULT IT CAUSED THE DAMAGED TO MY CAR. REFER TO THE ATTACHED PHOTOS, AND UPON QUESTIONING THE DRIVER , HE ADMITTED THAT HE MOMENTARILY LOST CONTROL OF HIS PRIME MOVER WHICH RESULTED TO THE ACCIDENT. NO ONE WAS INJURED.

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	XE7687L
-----------------------------------	---------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM AH THYE
Passport No/FIN	3XXXX1995
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 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 Signature / Date & Time

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

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

Sketch Plan

VEC A = SLJ 3409R

VEC B = XE 7687L

W. Coast Hwy.

vJun2022

1

Describe Circumstance of the Accident

REFER TO GIA REPORT

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only

Claim OD

Claim TP

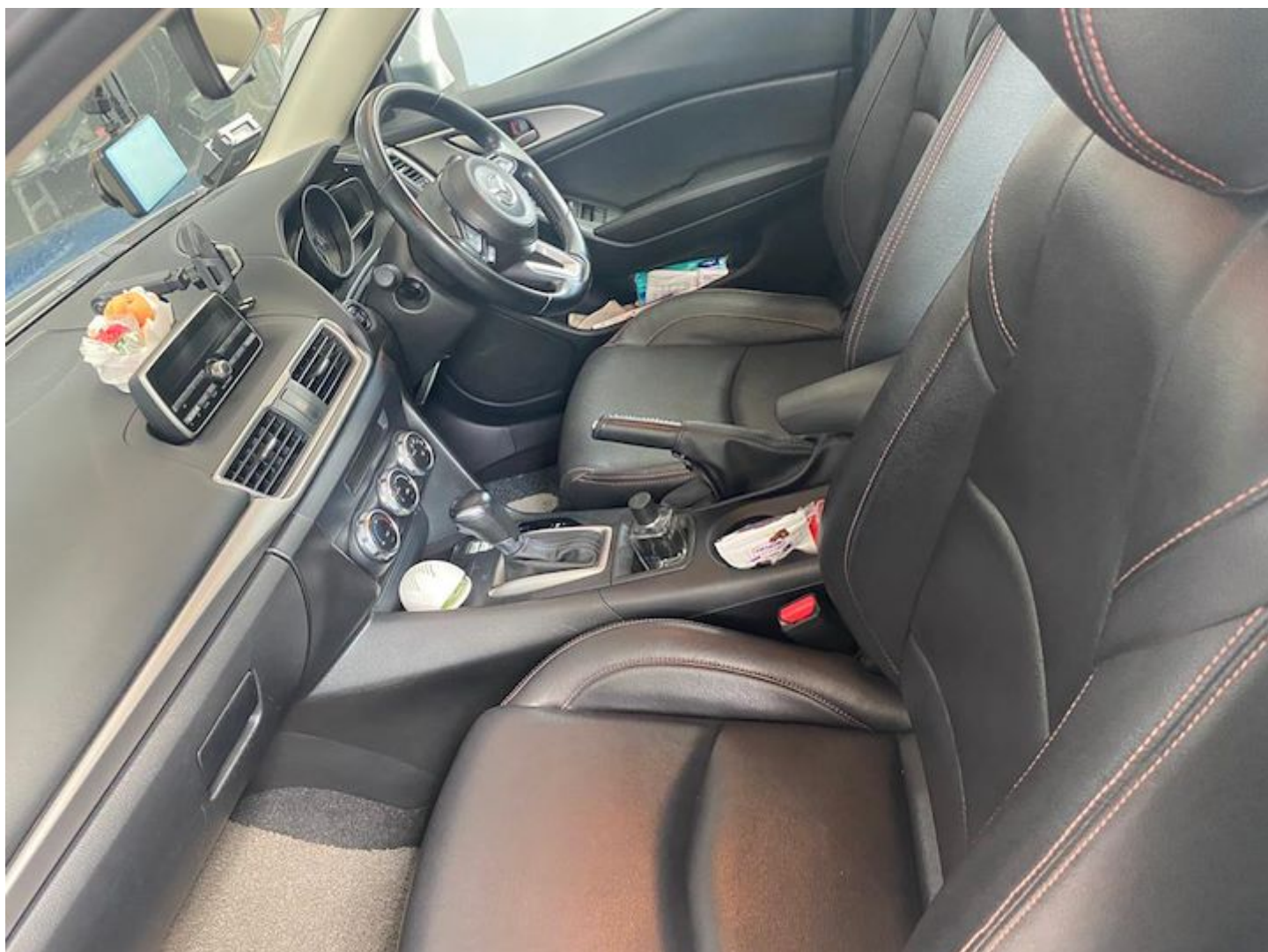
Claim OD/TP at other workshop

Declaration

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

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)
/ Date & TimeWitnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



















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: SH0H233F001 Vehicle Registration No: SLJ 3409 R
 Name (as shown in NRIC): OMAR BIN MOHD HUSSEIN NRIC/FIN/Passport No: 92478- S12686747H
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 441 Tampines STREET 45 #04-242 Singapore (527491)
 Contact (Tel): 96673175 Mobile No.: _____
 Email Address: KATCATSG@GAMIL.COM
 Date of Accident: 15-3-2023 Time of Accident: 07:16
 Place of Accident: Along West Coast Highway
 Insurance Company: Income Insurance Limited.

(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:

I would like amend from OD to Third Party Claim and Circumstance
of Accident, Passenger name .


 Policyholder / Actual Driver's Signature
 Date: _____


 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card): Pamela Hui
 Date: 18/3/2023

