

## 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 .....	28/03/2023 19:28 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	27/03/2023 18:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BUKIT TIMAH ROAD TWDS UPPRE BT TIMAH ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SB8000L
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	STEPHANIE LIM WEIJUAN
NRIC No .....	SXXXX527A
Email Address .....	stephaniewj@gmail.com
Mobile Phone No .....	(Phone) +65-91375005
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	320i
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 .....	0

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5133703344

#### DRIVER

Name of Driver .....	STEPHANIE LIM WEIJUAN
NRIC No .....	SXXXX527A
Date Of Birth .....	28/11/1991
Occupation .....	Indoor

Date Of Driving Pass .....	28/06/2010
Driving experience .....	12 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91375005
Alt. Phone Number .....	-
Email Address .....	stephanielwj@gmail.com
Address .....	7 CHESTNUT AVE
Address complement .....	-
Postcode .....	679493
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 STATEMENT ATTACH

#### 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 .....	GBG3162K
Vehicle Manufacturer .....	Renault
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	PONRAMAN SURESH KUMAR

Work Permit No .....	0XXXX3022
Contact Number .....	(Phone) +65-86579780
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	FRONT
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SNB3200A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MS LAU JUN AI
NRIC No .....	SXXXX925E
Contact Number .....	(Phone) +65-96303253
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	REAR
No. Of Passenger (Including Driver) .....	-

Describe Circumstance of the Accident

\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy      ( ☒ ) Claim Third party      ( ) Reporting Only

( ) Claim OD/ TP at other workshop ( \_\_\_\_\_ )


Sketch Plan


Refer sketch attach

Refer statement attach.

Declaration

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

  
Policyholder's Signature / Date & Time

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

 28/3/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) YS

SKETCH PLAN

VEH NO: SB8000L  
 INSURER: Income Ins  
 DATE OF ACC: 27/3/23 @ 6pm


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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.
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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.

  
 Policyholder's Signature / Date & Time

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

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

Sketch Plan

PLEASE  
TURN  
OVER

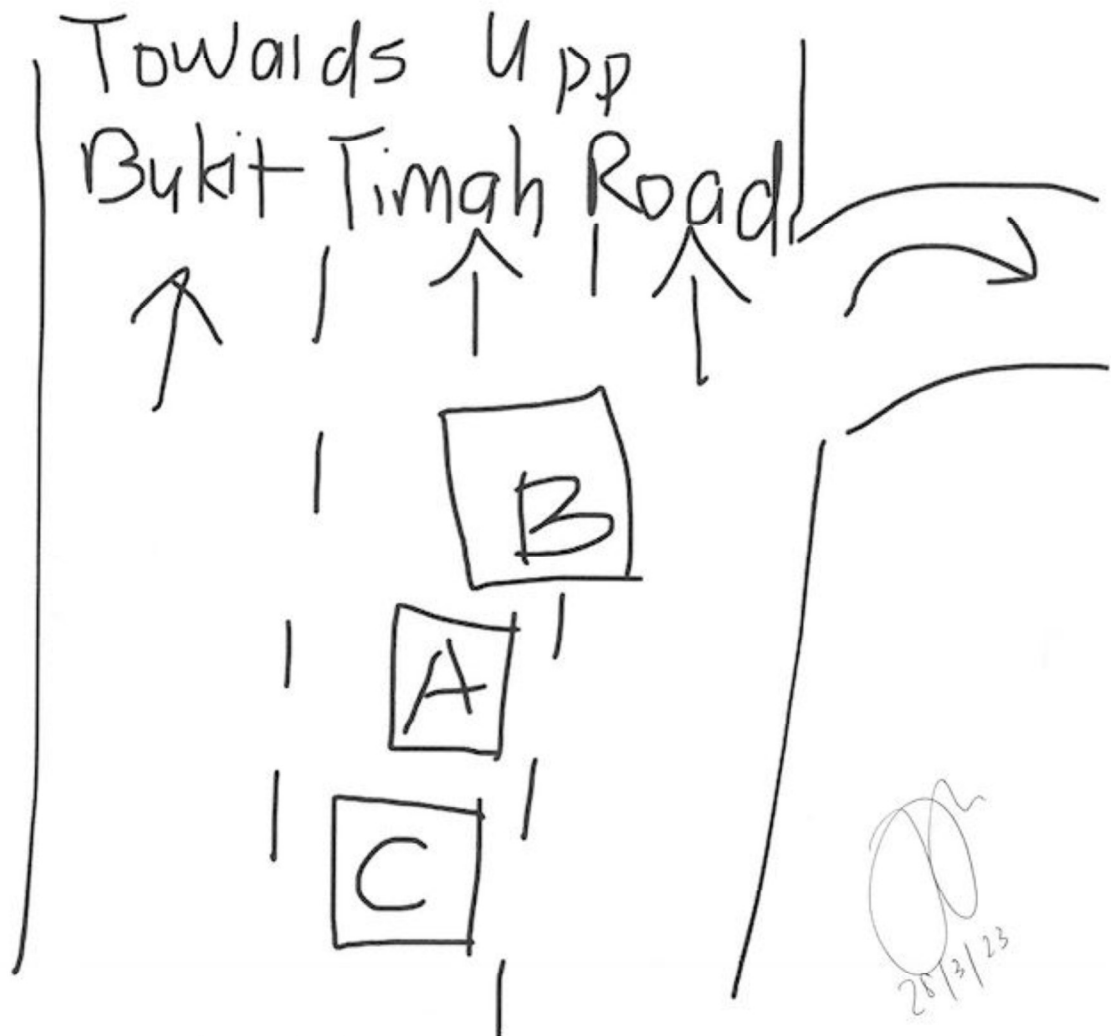
Accident occurred on 27/3/2023 @6pm along Bukit Timah Road in the direction towards Upper Bukit Timah Road, just after Sixth Avenue Junction.

I was travelling in the middle lane along Bukit Timah Road, past Sixth Avenue junction, towards Upper Bukit Timah Road. The traffic was peak hour traffic. Weather condition is cloudy but clear and it was not raining. The roads were dry. Suddenly, one Mini Cooper, SNB3200A, driven by Ms Lau Jun Ai, S7834925E, suddenly signaled left and drove into my lane. It was a very abrupt lane change. However, the car did not drive off immediately nor speed up to clear traffic. Instead, the car stopped in the middle of 2 lanes obstructing traffic. Nonetheless, I was able to apply emergency brake in time and did not hit the car. However, a car behind me, one Renault van, GBG3162K, driven by Mr Ponraman Suresh Kumar, S/Pass 036223022 was unable to brake in time and hit my rear. The force of the impact pushed my car forward, resulting in it hitting the car in front.

All 3 drivers alighted immediately to assess the damages done to the cars and we confirmed that there were no physical injury afflicted to any individuals, be it driver or passengers, and agreed to submit our individual traffic accident report to our respective insurers to settle the matter.



28/3/23



A: SB 8000L

C: GBG 3162K - PONRAMAN SURESH KUMAR  
S/Pers 036223022 (HP 86579780)

B: SNB 3200A - MS LAU JUN AI  
S 7834925E  
HP: 96303253