

# 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 .....	10/04/2023 16:35 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	08/04/2023 20:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF ANG MO KIOA AVENUE 5
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GW3675D
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	WELLCOME MOTOR AGENCIES
Company Reg No .....	39853800W
Email Address .....	ADMIN@WELLCOME.COM.SG
Mobile Phone No .....	(Phone) +65-96362200
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	PICKUP
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	0

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5113945631-03

### DRIVER

Name of Driver .....	TEN KAI AEN
NRIC No .....	S2569166J
Date Of Birth .....	17/10/1959
Occupation .....	Indoor

Date Of Driving Pass .....	22/07/1978
Driving experience .....	44 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94506462
Alt. Phone Number .....	-
Email Address .....	ADMIN@WELLCOME.COM.SG
Address .....	627 HOUGANG AVENUE 8
Address complement .....	#12-146
Postcode .....	530627
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	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 DRIVING ALONG THE JUNCTION ON ANG MO KIO AVENUE 5 TOWARDS ANG MO KIO AVENUE 3 ON THE 3RD LANE WHEN SUDDENLY I FELT AN IMPACT COMING FROM THE LEFT SIDE OF MY VEHICLE AND DISCOVERED THAT THE 3RD PARTY SBW6848L HAD HIT ONTO MY VEHICLE WHILE SHE WAS MAKING A LANE CHANGE TO THE RIGHT LANE. I MANAGE TO TAKE SOME PHOTOS AND EXCHANGE DETAILS WITH THE DRIVER. NO INJURIES WAS INVOLVED AT TE SCENE

#### 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 .....	SBW6848L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	KAM ENG HUI, IRIS
Contact Number .....	(Phone) +65-81687511
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

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2. The Form must be submitted to the **Police Station** after the Roadblock.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to discontinue policy coverage.
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 insurer to the GIA Personal Management Centre established by the General Insurance Association of Singapore (GIA) for processing and that copies of this report will be made available upon application by interested parties.
7. By the signature of this report to the insurer, you hereby consent to the archiving of this report at the centre and to copies of the report being made available elsewhere.
8. Consistent with 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 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 possessed by my insurer collectively the "Personal Information" and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyers/law firms, the Ministry 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 making 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 correspondence (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 vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 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) \_\_\_\_\_  
 Driver's Signature (if true both the policyholder) (Date) \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) \_\_\_\_\_  
 M-Number: JNMPP001 6 MOHD AFFANDI

Sketch Plan

10/04/23 16:15

Accident Location: ANGI MO KIO AVE S

Vehicle A: GW 3675-D

Vehicle B: SBW 6848-L

Diagram showing vehicle positions and directions:

Describe Circumstances of the Accident:

REFER TO CRASH

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

Reporting Officer's Signature / Date & Time

Driver's Signature (If driver is not the Reporting Officer) / Date & Time

10/4/23 16:15

Witnessed by Reporting Officer's Signature

10/4/23 16:15

Remarks  
ADDITIONAL CRASHED BIKES 2  
MOTOR DEFENDANT