



## 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	17/04/2023 14:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/04/2023 12:15 (SGT)
Exact Location of Accident	Near 782A Pasir Ris Street 71, Singapore 511782
Additional Location Information	LEVEL 2A OF MSCP 782A PASIR RIS ST71
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7770L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BOON BEE, LEONORA
NRIC No	SXXXX207J
Email Address	LEONORA.LIM@GMAIL.COM
Mobile Phone No	(Phone) +65-97472880
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	2000

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128874738

#### DRIVER

Name of Driver	LIM BOON BEE, LEONORA
NRIC No	SXXXX207J
Date Of Birth	19/12/1974
Occupation	Indoor



Date Of Driving Pass	17/02/1994
Driving experience	29 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97472880
Alt. Phone Number	
Email Address	LEONORA.LIM@GMAIL.COM
Address	781 PASIR RIS STREET 71 #16-552
Address complement	-
Postcode	510781
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SME7770J
Insurance Company of Other Vehicle Owned by Driver	Income Insurance Limited

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on 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	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

ON THE STATED DATE AND TIME, I WAS MOVING OUT OF MY CARPARK LOT SLOWLY AFTER CHECKING THAT THE ROAD WAS CLEAR. WHEN MY CAR WAS ¾ OUT, SUDDENLY I HEARD A LOUD BANG AND FELT A LARGE IMPACT AND I HAVE NO TIME TO REACT. THE CAR WAS HIT ON THE FRONT RIGHT PORTION AND VEH (B) APPEARED OUT OF NOWHERE FROM THE UP RAMP. I CAME OUT TO CHECK THE DAMAGE AND WENT BACK TO REVERSE THE CAR BACK INTO THE LOT. I WOULD LIKE TO HIGHLIGHT THAT MY CAR IS ALREADY OUT OF THE LOT HENCE THE DAMAGE IS ON THE FRONT RIGHT PORTION, AND THE VEHICLE B DAMAGE IS IN THE FRONT PORTION.

#### 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	SLE7033R
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	
Vehicle Category	Private car
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)	

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report SKETCH PLAN details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder under the Actual Drive.
3. Information provided must be to truthful and accurate information. Any willful misrepresentation or withholding of material facts may allow insurance companies to deny or void the claim.
4. The completion and submission 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 ISA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and their copies of this report will be made available upon application by interested parties.
7. By the submission 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 elsewhere.
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 be permitted to collect, use, disclose and/or process my personal data/personal information submitted in this form and any other personal information provided by me or provided 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' Representative Firms, the Monetary Authority of Singapore and any relevant government agencies/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 claim, as well as the external cover of any personal mail packaging); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")  
(b) I (insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' Representative 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/ may not be disclosed by any of the Insurers under ISA to their third-party service providers or agents (including their Representative Firms), which may be based outside of Singapore, for one or more of the above Purposes.

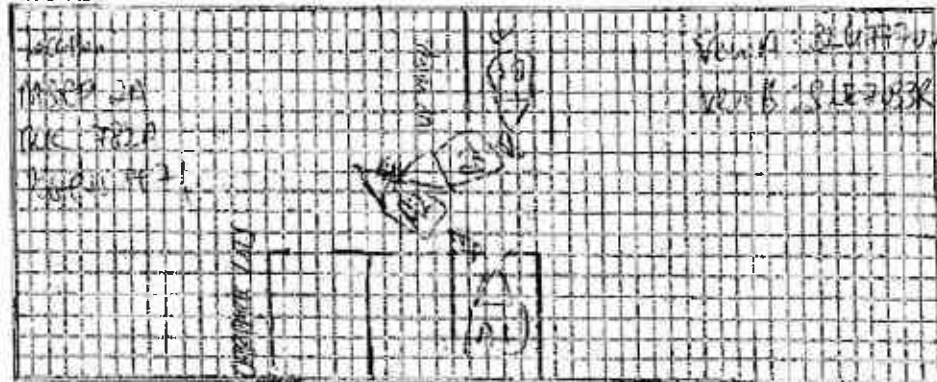
  
Policyholder's Signature / Date & Time

Driver's Signature (if different to the policyholder) / Date & Time

Witnessed by Third Party Person (Name & Relationship)



Sketch Plan:



**Describe Circumstance of the Accident**

On the stated date and time, I was moving out of my carpark lot slowly after checking that the road was clear. When my car was 3/4 out, suddenly I heard a loud bang and felt a large impact and I have no time to react. The car was hit on the front right portion and veh (B) appeared out of nowhere from the up-ramp. I came out to check the damage and went back to reverse the car back into the lot. I would like to highlight that my car is already out of the lot hence the damage is on the front right portion, and the vehicle B damage is in the front portion.

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

  
Policyholder's Signature (Date & Time)

Driver's Signature (Forward to H&M for (date/hold)) (Date & Time)



Witnessed by Registering Office Personnel (Printed Name & Signature)