

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	19/04/2023 10:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/04/2023 11:05 (SGT)
Exact Location of Accident	Ang Mo Kio Dr, Singapore
Additional Location Information	A70 CARPARK ANG MO KIO 628 CRAPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF9145G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG SWEE BOON
NRIC No	SXXXX556F
Email Address	88KIRITO@GMAIL.COM
Mobile Phone No	(Phone) +65-92338751
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5132540692

DRIVER

Name of Driver	ANG SWEE BOON
NRIC No	SXXXX556F
Date Of Birth	02/06/1988
Occupation	Indoor

Date Of Driving Pass	28/01/2009
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92338751
Alt. Phone Number	-
Email Address	88KIRITO@GMAIL.COM
Address	174 ANG MO KIO AVE 4 #05-651
Address complement	-
Postcode	560174
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	Collision - Head to Rear
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)	3
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

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 ON THE STATED LOCATION, I VEHICLE 'A' SJF9145G WAS STATIONARY AT THE CARPARK WAITING FOR THE FRONT VEHICLE TO MOVE. SUDDENLY, VEHICLE 'B' SGP4013U REVERSED AND KEPT MOVING BACKWARDS. DESPITE HONKING SEVERAL TIMES, VEHICLE B' DID NOT BOTHER AND COLLIDED INTO MY VEHICLE.

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	SGP4013U
Vehicle Manufacturer	-
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)	-

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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

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 be permitted to collect, use, disclose and/or process my personal data/personal information set out at this [time] 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 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 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 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 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 & Time _____

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

Witnessed by Reporting Corps Personnel (Please use in NRIC card) _____

Sketch Plan

Vehicle A: SSF 9145 G

Vehicle B: SGP 4013 N

A70 CARPARK

BLK 628

AVENUE

Describe Circumstance of the Accident

ON THE STATED DATE & TIME ON THE STATED LOCATION,
 I VEHICLE 'A' SJ69HSG WAS STATIONARY AT THE CARPARK
 WAITING FOR THE FRONT VEHICLE TO MOVE. SUDDENLY, VEHICLE
 'B' SJ6403 U REVERSED AND KEPT MOVING BACKWARDS.
 DESPITE HONKING SEVERAL TIMES, VEHICLE 'B' DID NOT
 BOTHER AND COLLIDED INTO MY VEHICLE.

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

Policyholder's Signature / Date & Time: [Signature]

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

Witnessed by Reporting Centre Personnel
 (Name as in NR&RD card): [Signature]

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