

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 18/04/2023 16:05 (SGT)
Reported by Actual Driver
Date of Accident 17/04/2023 18:30 (SGT)
Exact Location of Accident Oldham Ln, Singapore
Additional Location Information TOWARDS ORCHARD ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC8014C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner IEXPRESS
Company Reg No 53049525B
Email Address yipa69@gmail.com
Mobile Phone No (Phone) +65-83218797
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Golden Dragon
Model XML6772J18
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 Bus
Transmission Auto
CC 3759

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D19MFL0000755-04

DRIVER

Name of Driver HENG HUA HOE
NRIC No S1582606A
Date Of Birth 02/01/1963
Occupation Outdoor

Date Of Driving Pass	27/04/1987
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-83218797
Alt. Phone Number	-
Email Address	yipa69@gmail.com
Address	BLK 903 TAMPINES AVENUE 4 #07-310
Address complement	-
Postcode	520903
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

PLEASE REFER TO SKETCH AND ATTACHMENT

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	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN2447D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG MUN YUAN

NRIC No	S7606015J
Contact Number	(Phone) +65-91866434
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

Sketch Plan
 A) PC8014C
 B) SMN 2447D

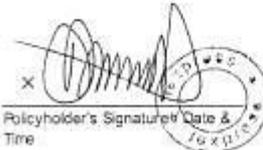
OLDHAM LANE
 TOWARDS ORUTARD ROAD

Describe Circumstances of the Accident

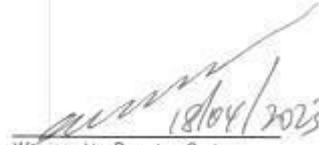
Please refer to attached statement

Declaration

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


Witnessed by Reporting Centre Personnel

Accident Date: 17/04/2023

Accident Time: 18:30 Hr

Location: T Junction from Oldham Lane to Orchard Road

Vehicle A) PC 8014 C
 B) SMN 2447 D

On 17/04/2023, at approximately 6:30 pm, I was driving a company bus with license plate PC 8014 C. I had stopped along the centre lane of Oldham Lane, waiting for the traffic light to turn green. Once it did, I remained on my lane and began to turn left into the middle lane of Orchard Road. Suddenly, I felt an impact on my left side. I immediately stopped the bus and got out to assess the situation. That's when I noticed that a vehicle with license plate SMN 2447 D had hit my left side body while turning left. I reviewed the CCTV footage on my left side and confirmed that the driver of SMN 2447 D had turned left into my lane of travel, causing the collision. We exchanged particular and left the scene. Nobody was injured.



Heng Hua Hoe


18/04/2023

























