

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	31/03/2023 21:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/03/2023 15:08 (SGT)
Exact Location of Accident	Geylang, Singapore
Additional Location Information	LORONG 19 GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE8766D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SANGYE QUEK QI PING
NRIC No	S9721592H
Email Address	quekqipng@hotmail.com
Mobile Phone No	(Phone) +65-87711194
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127407322

DRIVER

Name of Driver	SANGYE QUEK QI PING
NRIC No	S9721592H
Date Of Birth	30/06/1997

Date Of Driving Pass	28/04/2017
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87711194
Alt. Phone Number	-
Email Address	quekqiping@hotmail.com
Address	BLK 121 TOA PAYOH LORONG 2 #04-24
Address complement	-
Postcode	S 310121
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)	2
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	MICHELLE TAN
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

PLEASE REFER TO SKETCH PLAN

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	GBB8303P
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	1

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

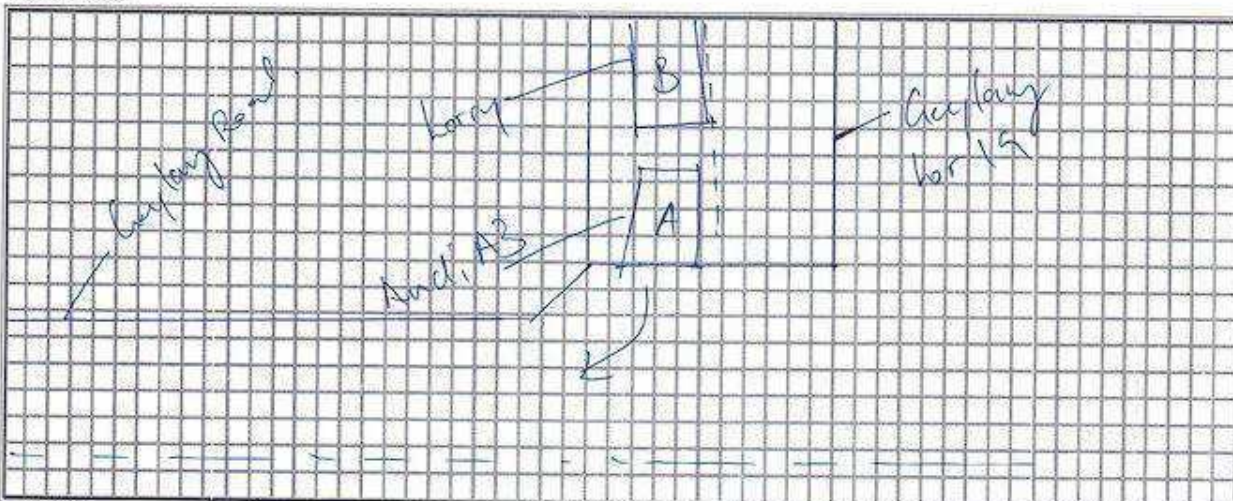
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

3.35pm
31/03/2023
Policyholder's Signature / Date & Time

3.35pm
31/03/2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



A : SNE 8766P
B : GBB 8303P

Describe Circumstance of the Accident

Was on Cayland for 19 turning into Cayland road.
 stopped before turning and waiting for traffic to
 clear before turning.
 heavy came from behind and bump into the rear
 bumper.

Declaration

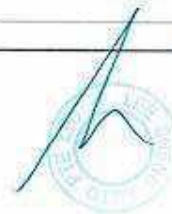
I/We declare the foregoing particulars are true in every respect.

3.38pm
 31/02/2023

Policyholder's Signature / Date & Time

3.38pm
 31/02/2023

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



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





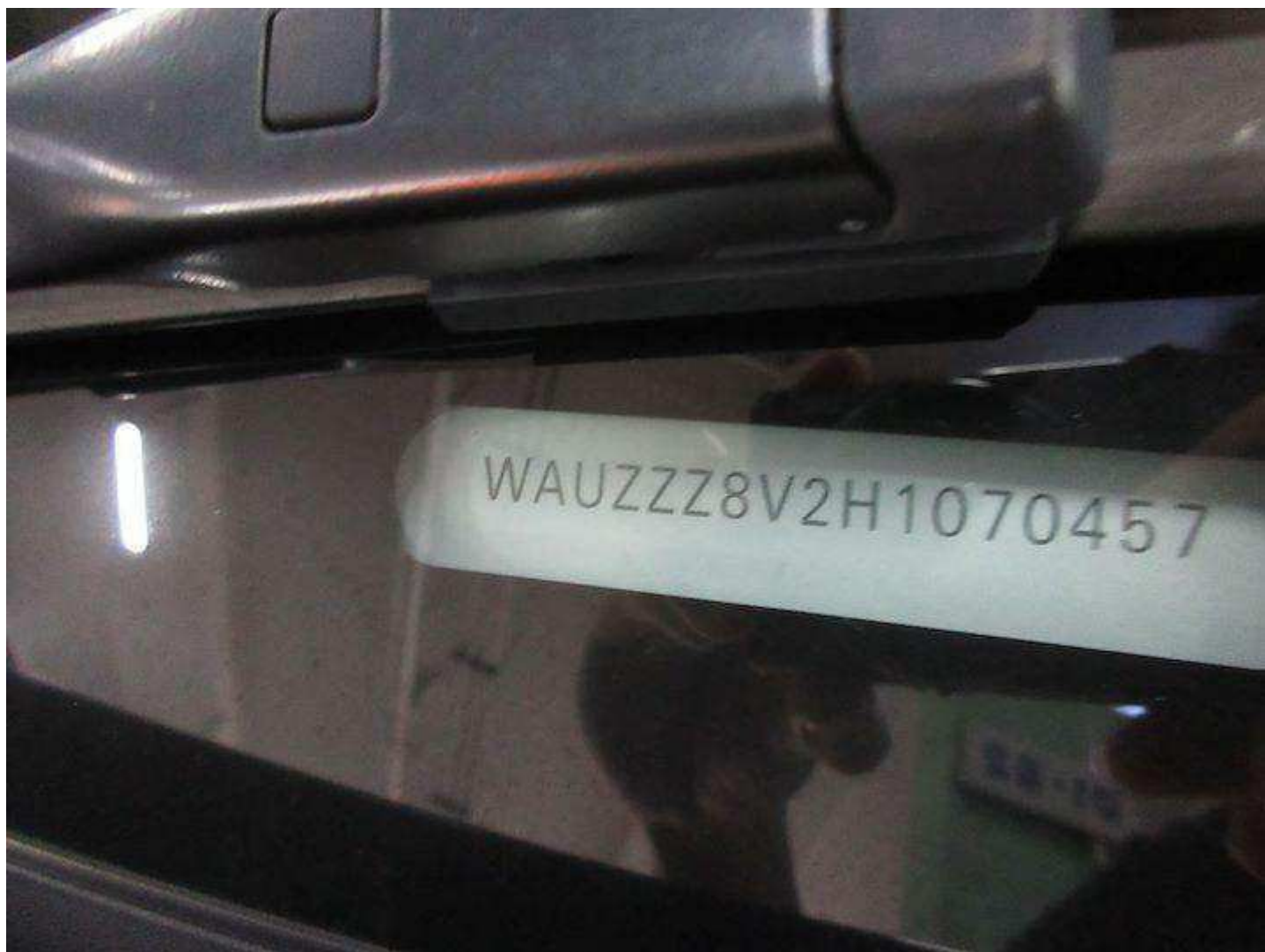






















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SL0P233V0003 Vehicle Registration No: SNE 8766D
 Name (as shown in NRIC): SXXXX 5924 NRIC/FIN/Passport No: Sangte Quackar Ping
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 81K 121 Toa Payoh Lorong 2 #0424 Singapore (310) 121
 Contact (Tel): _____ Mobile No.: 87711194
 Email Address: _____
 Date of Accident: 29/3/23 Time of Accident: 15:08 pm
 Place of Accident: Lorong 19 Geylang
 Insurance Company: Incohe Insurance

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Claiming Third party instead of
Claiming ~~Own~~ Own Insurance

Policyholder / Actual Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card): Lee Elk Chuan
 Date: 4/4/23