# **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 witholding 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.

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   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 07/05/2023 18:47 (SGT) Reported by **Actual Driver** Date of Accident 06/05/2023 14:10 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG BEDOK ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Volvo

2000

Vehicle Registration Number SMC7288X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ALFRED WONG TSUN FUI NRIC No S2589787J Email Address AWYSL 1194@YAHOO.COM.SG Mobile Phone No (Phone) +65-97960876 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Xc60 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5102730446-04

DRIVER

CC

Name of Driver YIP CHIN KAN @YIT CHIN KAN NRIC No S1012943E Date Of Birth 27/05/1937 Occupation Indoor

Date Of Driving Pass 13/09/1958 Driving experience 64 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97960876 Alt. Phone Number Email Address AWYSL\_1194@YAHOO.COM.SG Address 6 PESARI WALK Address complement Postcode 487617 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Relative Does Driver Own Other Vehicles? Nο 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 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) 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 **CHAN YUET HO** Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS IN MY VEHICLE (SMC7288X) STATIONARY ABOUT TO MOVE OFF FROM THE TRAFFIC LIGHT WHEN I SUDDENLY HEARD A BANG SOUND AND REALISE (EM8989S) HAD REVERSE AND HIT ONTO MY REAR LEFT WHILE HE WAS TRYING TO REVERSE OUT ONTO THE MAIN ROAD WHICH IM ON. DRIVER WAS UNSURE HOW MANY PASSENGER ONBOARD OF THE OTHER PARTY VEHICLE. ATTACHMENT(S) Are accident photos available for attachment? Yes

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

ADV TO UPLOAD ONTO MOTORVIDEO@INCOME.COM.SG

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Vehicle Registration Number	EM8989S
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	KOH PUAY GUAN
NRIC No	S0274842H
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 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 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:

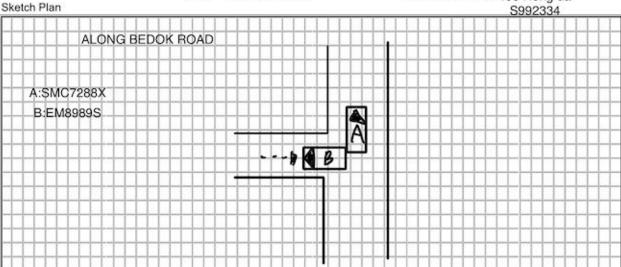
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 7/5/2023 1730 & Time

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card) Tee Hong da



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rescribe Circumstance of the Accident				
	Defeate	GEARS report		
	Herer to	GEARS report		

### Declaration

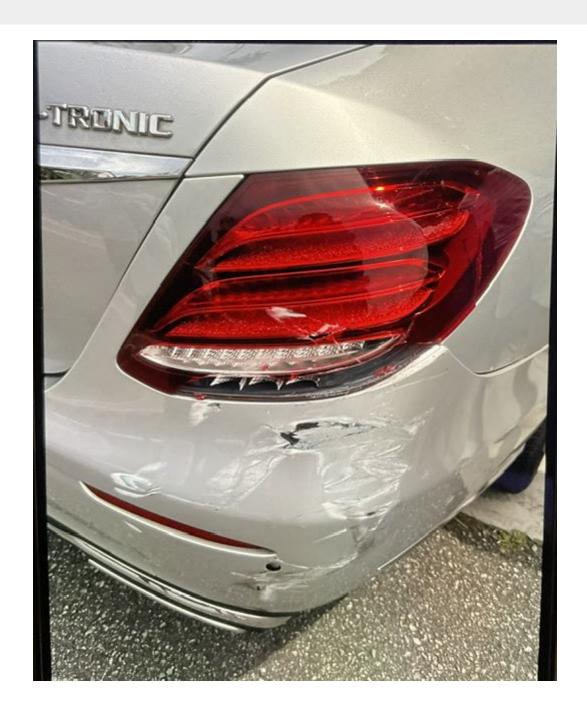
I/We declare the foregoing particulars are true in every respect.

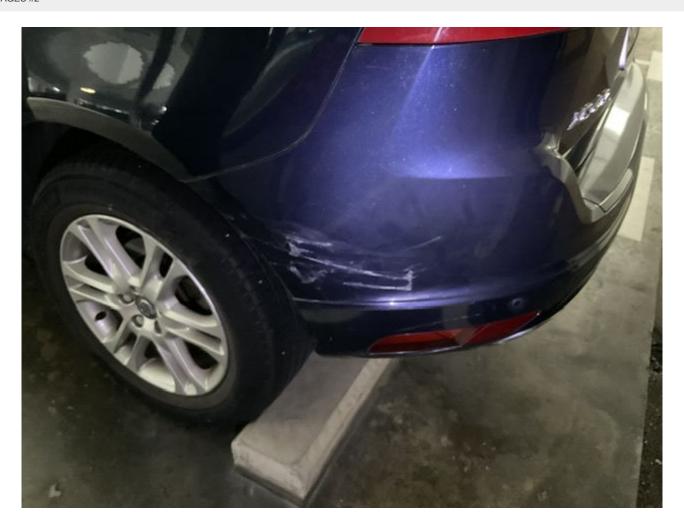
Policyholder's Signature / Date & Time

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

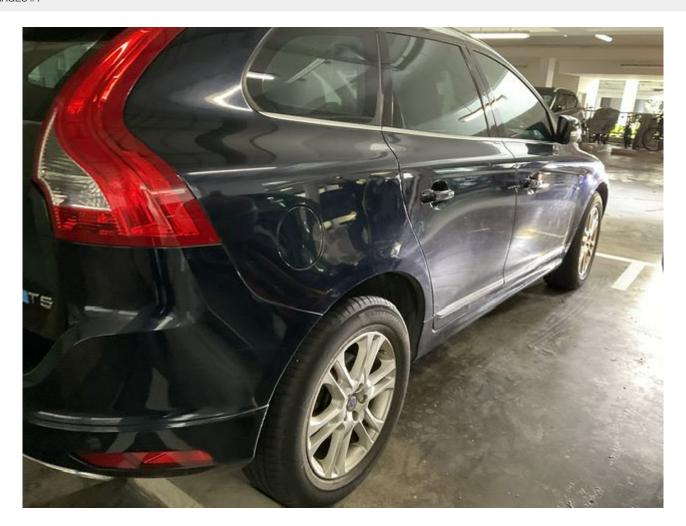
7/5/2023 1730

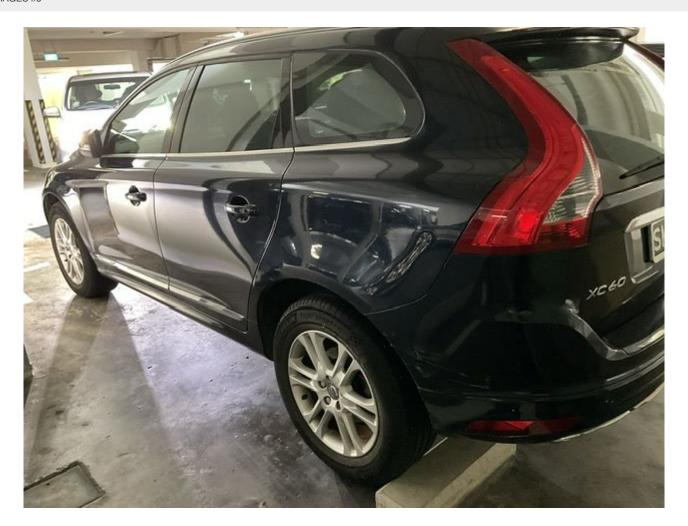
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
Tee Hong da S992334 2

















		ADDEN	DUM	
) PART	ICULARS OF	PERSON MAKING THE AMENDME	NTS:	
Origin	al Report No	SN072357000F	Vehicle Registration No:	SMC 7288X
Name	(as shown in	nric): Yip Chin Kan	NRIC/FIN/Passport No: _	S1012943E
(*Veh	icle Driver/V	(ehicle Owner) (*) Please delete as	appropriate	
Addre	ss: 6 Pes	sari Walk		Singapore (487617)
Conta	ct (Tel):		Mobile No.: 9796 087	76
Email	Address:	awysl_1194@yahoo.com.sg	_	
Date o	of Accident: _	6 May 2023	Time of Accident:abou	ut 2.10pm
Place	of Accident:	Along Bedok Road		
		y: Income Insurance Ltd		
make	the following	ort on the above-mentioned accide g amendments:		
make	the following	g amendments:  RECTION ON WHO REPO	RTED THE ACCIDENT	
make	the following	g amendments:	RTED THE ACCIDENT	
make	the following	g amendments:  RECTION ON WHO REPO	RTED THE ACCIDENT	
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make	the following	g amendments:  RECTION ON WHO REPO	RTED THE ACCIDENT	
To the Policy	CORF	g amendments:  RECTION ON WHO REPO	RTED THE ACCIDENT	то

GIARMC Addendum Form

Date: 7/5/2023