

## 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 .....	14/11/2022 15:58 (SGT)
Reported by .....	Driver
Date of Accident .....	12/11/2022 17:40 (SGT)
Exact Location of Accident .....	Choa Chu Kang Dr, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLC443Y
-----------------------------------	---------

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	FRANLY ENTERPRISE
Company Reg No .....	53217160L
Email Address .....	frankiepsl@yahoo.com
Mobile Phone No .....	(Phone) +65-89318240
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A3
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1395

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5104960657-04

#### DRIVER

Name of Driver .....	MAH WENG YEW
NRIC No .....	S1616066J
Date Of Birth .....	28/07/1983
Occupation .....	Outdoor

Date Of Driving Pass .....	30/09/1989
Driving experience .....	33 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96239439
Alt. Phone Number .....	-
Email Address .....	wymah913@gmail.com
Address .....	BLK 417 CHOA CHU KANG AVENUE 4 #09-370
Address complement .....	-
Postcode .....	680417
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Raining
Road Surface .....	Wet

#### 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 ACCIDENT STATEMENT AS ATTACHED.

#### 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 .....	PC8682Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MR NEO
Contact Number .....	(Phone) +65-97461868

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 Authorised 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

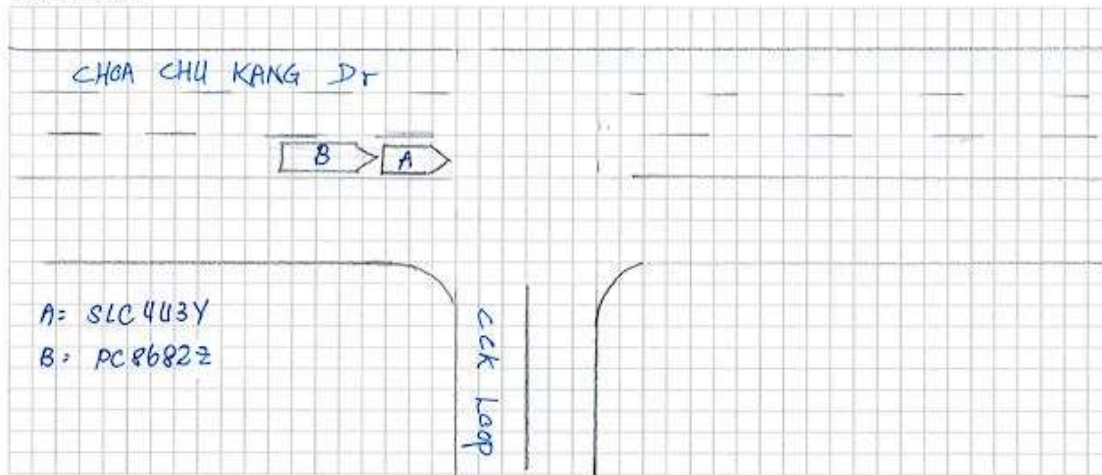


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/11/2022 1555

Reporting Centre Personnel's Signature  
Name: Joelle Tan  
NRIC/FIN No.: AME AUTOPART RE LTD  
14.11.2022

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


ON 12.11.2022 @ 1700HR, I WAS TRAVELLING ALONG CHOA CHU KANG DR. MY CAR WAS STATIONARY AS TRAFFIC LIGHT WAS RED. I WAS PLANNING TO TURN RIGHT BUT ARROW INDICATOR WAS RED. HENCE I DID NOT MOVE. VEHICLE "B" THEN COLLIDED RIGHT ONTO MY REAR. THAT'S ALL.

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

GIANMC SketchPlanForm\_V3

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/11/2022 1555

  
Reporting Centre Personnel's Signature  
Name: Joelle Tan  
NRIC/FIN No: AMK AUTOPPOINT PRE 4D  
14.11.2022



















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550026G / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1H22BE0007 Vehicle Registration No: SLC 443Y  
 Name (as shown in NRIC) : MAH WENG YEW NRIC/FIN/Passport No : S1616866J  
 (\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate  
 Address : BLK 417 CHOA CHU KANG AVE 4 Singapore (680417)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 96239439  
 Email Address : wymah913@gmail.com  
 Date of Accident : 12/11/2022 Time of Accident : 17.40 pm  
 Place of Accident : CHOA CHU KANG Dr  
 Insurance Company : Income Insurance Limited

#### (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:

OTHER Vehicle Number PC8682C change to  
PC 8682Z.



Policyholder / Driver's Signature  
 Date: 15/11/22

Reporting Centre Personnel's Signature  
 Name: Joelle Tan  
 NRIC/FIN No.: nmk Autopoint pte ltd  
 Date: 15.11.2022

GIABMC addendumform\_V3