

# 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 .....	10/05/2023 13:09 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	10/05/2023 09:03 (SGT)
Exact Location of Accident .....	216 Bedok Central, Singapore
Additional Location Information .....	CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLP8358P

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TEO KAH HUI SANDRA
NRIC No .....	S7518024A
Email Address .....	GEKHWAT@YAHOO.COM
Mobile Phone No .....	(Phone) +65-96378775
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
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 car
Transmission .....	Auto
CC .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5110763011-03

### DRIVER

Name of Driver .....	TAN GEK HWA
NRIC No .....	S7210807H
Date Of Birth .....	31/03/1972
Occupation .....	Outdoor

Date Of Driving Pass .....	24/07/1992
Driving experience .....	30 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96664633
Alt. Phone Number .....	-
Email Address .....	GEKHWAT@YAHOO.COM
Address .....	BLK 895 TAMPINES ST 81 #10-940
Address complement .....	-
Postcode .....	520895
Is the driver the policyholder? .....	No
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

I WAS DRIVING ALONG BEDOK CENTRAL PASAR AT BLK 216 CARPARK ON 10/05/2023 AT ABOUT 9.03AM. VEHICLE A GOING STRAIGHT, BUT VEHICLE B SUDDENLY COME OUT OF THE PARKING SPACE AND COLLIDED WITH THE SIDE OF VEHICLE A. (HEAD TO SIDE COLLISION)

ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBE1778H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	UNKNOWN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

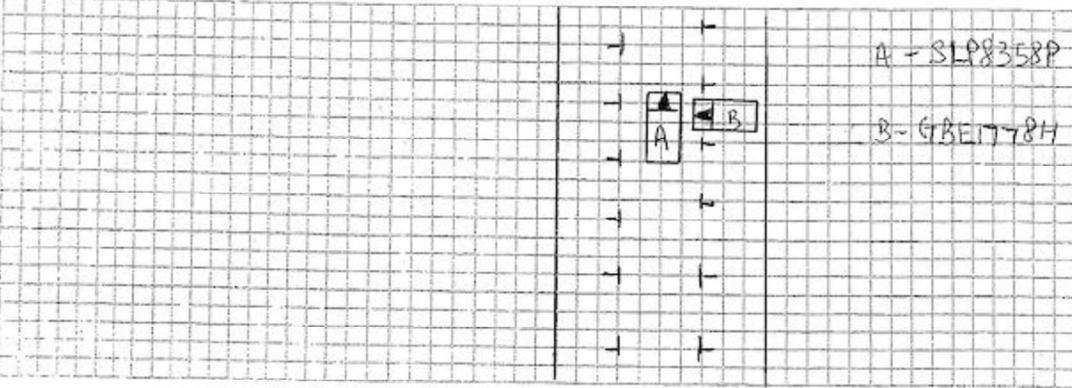
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

*Ca*  
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

I was driving along Bedok Central Pagar 216 Car Park on 10-05-2023 at about 9-03 am

At car park, vehicle A is going straight, but vehicle B suddenly comes out of the parking space and collides with the side of vehicle A.

**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

























made yours

## THE SCHEDULE

## Private Car Insurance Policy

This Policy sets out the terms of a contract between NICO Income Insurance Co-operative Limited (NICO) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declarations provided by you at the time of proposal shall form the basis of this contract. We (NICO) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance specified in the schedule and any further period for which we may accept a renewed premium.

The premium of this insurance is subject to:

1. The Endorsement specified as operative in the Schedule
2. The Conditions and General Exclusions of this Policy, and
3. The payment of the premium specified in the Schedule.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.  
 GST Reg No: S190572806

Policy Number	S110703011-03		
The Policyholder	TED KAH HUI SANDRA BLK 835 #10-940 TAMPINES STREET 81 SINGAPORE S20885		
Period of Insurance	31 Aug 2022 To 30 Aug 2023		
Sum Insured	Market Value of Insured Vehicle at Time of Loss		
Premium (Inclusive GST)	S\$1,814.69		
Interest Insured			
Cover Type	Drive CLASSIC		
Primary Driver	TED KAH HUI SANDRA		
Named Driver (1)	TAN GEX HWA		
Named Driver (2)	N/A		
Make/Model	TOYOTA/WISH	Capacity	1800cc
Registration Number	SLP8358P	Registration Year	2016
Chassis Number	JTGG16W10004918	Off-peak Car	No
Repair at Owner's Preferred Workshop	No	Insure with COE	Yes
Excess (Section 1)	S\$2,000	NCD Entitlement	50%
Excess (Section 2)	S\$1,500	NCD Protection	Yes(Free)
Windscreen Excess	S\$100	Loyalty Discount	5%
Additional Excess	N/A		
Vehicle Purchase Company	TOKYO CENTURY LEASING (SINGAPORE) PTE LTD		
Optional Cover			
Roadside Assistance and Wellness Cover	No		
Transport Allowance	Yes		
Excess Waiver	No		
Memo A	1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. 2) Section 1 clause 8 on Unnamed driver excess will not apply.		
Endorsement Operative	M4, M9		
Agency	JIN SHI (HOLDINGS) PTE LTD (0000614299)		
Date of Issue	01 Aug 2022 15:35 hrs		

## DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you have or ought to know. Otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors