

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	29/04/2023 16:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/04/2023 14:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BARTLEY RD BEFORE TURN INTO GAMBIR WALK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD9090B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHIN KEONG
NRIC No	SXXXX573J
Email Address	MARCL@QA.COM.SG
Mobile Phone No	(Phone) +65-90019498
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	5128613673

DRIVER

Name of Driver	LIM CHIN KEONG
NRIC No	SXXXX573J
Date Of Birth	28/01/1967
Occupation	Indoor

Date Of Driving Pass	24/11/1984
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90019498
Alt. Phone Number	-
Email Address	MARCL@QA.COM.SG
Address	79B LORONG GAMBIR
Address complement	-
Postcode	536637
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?	No
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

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

Describe Circumstances of the Accident

ON 29 APRIL 2023, AT ABOUT 14:20 PM, I WAS DRIVING MY VEHICLE SGD 9090B ALONG BARTLEY ROAD TOWARDS TAMPINES ON THE WAY HOME.

AFTER PASSING WOODLEIGH UNDERPASS, I WAS ~~SLOWING~~ DRIVING ON THE LEFT MOST LANE AND GET READY TO SLOWING DOWN TO TURN INTO GAMBIR WALK.

AS I PASSED THE BARTLEY SIDE ROAD BEFORE GAMBIR WALK, GOING TO TURN LEFT INTO GAMBIR WALK, I HEARD A LOUD BANG AND MY CAR JERKED FORWARD. I STOPPED MY CAR ABOUT 2 METRES LATER AND GET OUT OF MY CAR.

I FOUND OUT THAT VEHICLE SNC 9532R HAD CAME OUT OF BARTLEY SIDE ROAD WITHOUT STOPPING AT THE STOP WHITE LINE, AND SNC 9532R'S RIGHT FRONT HAD HIT INTO MY VEHICLE SGD 9090B'S LEFT BACK, DAMAGING MY BUMPER AND LIGHTS.

THE CONDITION AT THAT TIME WAS VERY CLEAR AND DRY, AND FEW VEHICLES ON

Declaration THE ROAD.

We declare the foregoing particulars are true in every respect.


Lim Chin Keong

Policyholder's Signature / Date & Time

29/4/2023
1620

SAME

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel

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.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

