

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	13/05/2023 11:58 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/05/2023 17:00 (SGT)
Exact Location of Accident	Jln Eunus, Singapore
Additional Location Information	EUNOS LINK TOWARDS EUNOS LINK BEFORE PIE (CHANGI).
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EY1383Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA CHYE CHOON
NRIC No	S1117600C
Email Address	CCCHOON79@GMAIL.COM
Mobile Phone No	(Phone) +65-96868502
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5101248565-04

DRIVER

Name of Driver	CHIA CHYE CHOON
NRIC No	S1117600C
Date Of Birth	14/04/1955
Occupation	Indoor

Date Of Driving Pass	10/07/1984
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96868502
Alt. Phone Number	-
Email Address	CCCHOON79@GMAIL.COM
Address	BLK 2 TAMPINES ST 73 #09-04
Address complement	-
Postcode	528823
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?	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	Male

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

AS PER ABOVE DATE AND TIME, I WAS DRIVING EY1383Y ALONG JALAN EUNOS TOWARDS EUNOS LINK ON THE EXTREME RIGHT LANE. SOMEWHERE BEFORE TURNING RIGHT ONTO PIE (CHANGI), MY VEHICLE B WAS STATIONARY STOPPED DUE TO TRAFFIC LIGHT AHEAD WAS RED. OUT OF SUDDEN, I FELT AN IMPACT FROM THE REAR. I ALIGHTED AND DISCOVERED VEHICLE B SLJ2730T COLLIDED ONTO MY VEHICLE REAR PORTION.

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	SLJ2730T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ISMAIL BIN SAID
Contact Number	(Phone) +65-97362797
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHIA CHYE CHOON
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	EY1383Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

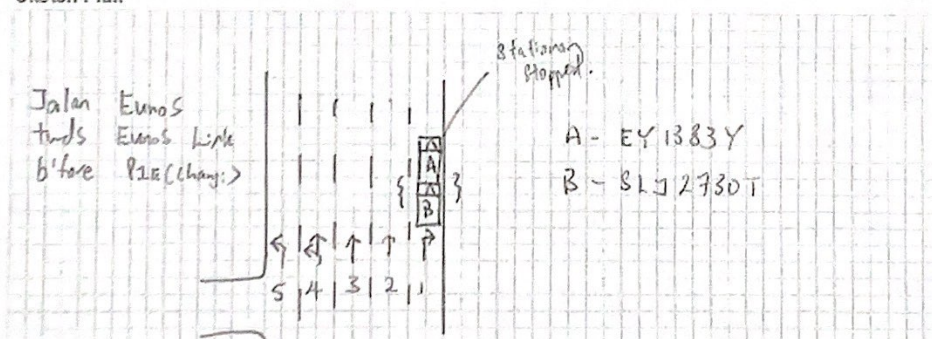
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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.

[Signature]
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

As per above date and time, I was driving EY1383Y
along John Fennel Road Fennel Link on the extreme
right lane. Somewhere before turning right onto
P2E (Chang's), my vehicle was stationary stopped due
to traffic light ahead was red. Out of sudden,
I felt an impact from the rear. I alighted
and discovered veh (B) SLJ 2730T collided onto
my vehicle rear portion.

Declaration

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

[Signature]
Policyholder's Signature / Date & Time

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

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