

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	06/05/2023 09:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/05/2023 17:30 (SGT)
Exact Location of Accident	Near 1 Cashew Rd, Singapore 679696
Additional Location Information	ALONG UPPER BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6509D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HUNGEE WAI YUEN
NRIC No	S7109840J
Email Address	wyhungee@yahoo.com
Mobile Phone No	(Phone) +65-97385580
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	999

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133770158

DRIVER

Name of Driver	HUNGEE WAI YUEN
NRIC No	S7109840J
Date Of Birth	21/03/1971
Occupation	Indoor

Date Of Driving Pass	28/01/1993
Driving experience	30 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97385580
Alt. Phone Number	-
Email Address	wyhungee@yahoo.com
Address	BLK 702 JURONG WEST STREET 71
Address complement	#06-06
Postcode	640702
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?	Yes
Number of Passengers (Including Driver)	5
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	REIKO HUNGEE
Gender	Female

PASSENGER 2

Name	RACHEL HUNGEE
Gender	Female

PASSENGER 3

Name	SHERMAN
Gender	Male

PASSENGER 4

Name	HILARY
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 TRAVELLING ALONG UPPER BUKIT TIMAH RD, AT THE JUNCTION WITH CASHEW RD, THERE WAS HEAVY TRAFFIC IN FRONT AND I HAS TO STOP BEFORE THE YELLOW BOX, WHILE I WAS STOPPED AND STATIONARY, THIS VEHICLE B CAME AND HIT ONTO MY BACK.

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 SGP404B
Vehicle Manufacturer Honda
Vehicle Model -
Vehicle Variant -
Vehicle Colour White
Vehicle Category Private car
Name of Driver -
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

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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:

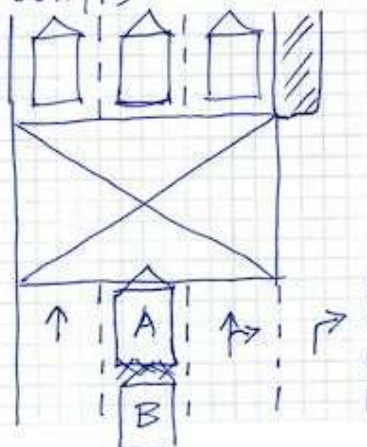
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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
6/5/2023 08:49 hrs.

Sketch Plan

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



[Signature]
Witnessed by Reporting Centre Personnel

Chang Chee Sing
170W

A = SMJ 6509 D
B = SGP 404 B

Describe Circumstances of the Accident

I was travelling along Upper Bukit Timah Rd, at the junction with Cashew Rd, there was heavy traffic in front and I had to stop before the yellow box, while I was stopped and stationary this vehicle B came and hit onto my back.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

6/5/2023
@ 08:49hrs.

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



Witnessed by Reporting Centre Personnel

Chang Auee Sing
170W



























































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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SP1223560001 Vehicle Registration No: SMJ 6509 D
 Name (as shown in NRIC): Hungze Wai Yuen NRIC/FIN/Passport No: Sxxxx840J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 97385580
 Email Address: wyhungze@yahoo.com
 Date of Accident: 5/5/2023 Time of Accident: 19:30 hrs.
 Place of Accident: Near 1 Cashew Rd. (Along Upper Bukit Timah Road).
 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:

To upload video footage

Policyholder / Driver's Signature

Date: 8/5/2023

62/2019C Addendum Form

Reporting Centre Personnel's Signature

Name: Chang Chee Sing

NRIC/FIN No.: 70W

Date: 8/5/2023