

## 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	15/05/2023 10:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/05/2023 07:36 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	651A SENJA LINK MSCP LEVEL 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS2636J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEE MENG LYE
NRIC No	SXXXX040Z
Email Address	MENGLYE@GMAIL.COM
Mobile Phone No	(Phone) +65-96789621
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Opel
Model	Astra
Variant	ASTRA 1.4
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	1400

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5101449802-04

#### DRIVER

Name of Driver	SEE MENG LYE
NRIC No	SXXXX040Z
Date Of Birth	31/12/1977
Occupation	Indoor

Date Of Driving Pass	15/11/2003
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96789621
Alt. Phone Number	-
Email Address	MENGLYE@GMAIL.COM
Address	651 SENJA LINK #12-42
Address complement	-
Postcode	670651
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 on collision
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)	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 REPORT

#### 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	SJC6500A
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM WEE LAM
NRIC No	SXXXX862Z

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## Sketch Plans

## IMPORTANT NOTICE

2. **Consent under the Personal Data Protection Act (PDPA)**

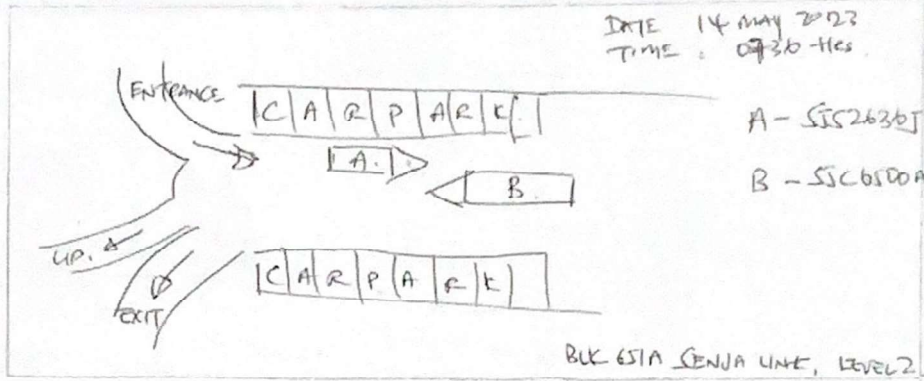
10/10/10  
 10/10/10

15 MAY 2023

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SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DRIVER B WAS DRIVING IN THE MIDDLE OF A 2 WAY CARPARK.  
DRIVER A SLOWED DOWN AND STOP BUT DRIVER B WAS LOOKING  
AT SOMETHING ON HIS DASHBOARD/SEAT AND DID NOT SEE CAR A.  
UPON IMPACT DID CAR B SWERVED BUT CAR A'S RIGHT FRONT  
WAS HIT.  
CAR B MOVED FORWARD PAST CAR A. BOTH DRIVERS CAME  
DOWN TO ASSESS DAMAGE AND EXCHANGE INFORMATION.

DECLARATION

I hereby declare that the foregoing particulars are true and every respect

*[Signature]*  
Police Officer's Signature  
Date: 15 MAY 2023  
Time: 8-45 AM

*[Signature]*  
Driver's Signature  
Date: 15 MAY 2023  
Time: 8-45 AM

*[Signature]*  
Reporting Officer's Signature  
Date: 15 MAY 2023  
Time: 8-45 AM