SA1L235F0001 / AUTO GERMANY PTE LTD ENTRY DATE & TIME: 15/05/2023 10:44 (SGT) SUBMITTED BY: Wong Chee Meng VERSION: 1 (15/05/2023 10:44 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

### IMPORTANT NOTICE

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 witholding 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

15/05/2023 10:44 (SGT) Both Policyholder and Actual Driver 14/05/2023 07:36 (SGT) Singapore 651A SENJA LINK MSCP LEVEL 2 Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJS2636J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

SEE MENG LYE SXXXX040Z MENGLYE@GMAIL.COM (Phone) +65-96789621

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model 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? Vehicle Category Transmission CC

Opel Astra ASTRA 1.4

Private use

No - Claiming third party Private car Auto

1400

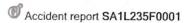
INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SEE MENG LYE SXXXX040Z 31/12/1977 Indoor



Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number **Email Address** 

Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions Road Surface

Collision - Head on collision

Clear Dry

15/11/2003

Male

670651

Yes

No

19 YEARS AND 6 MONTHS

(Phone) +65-96789621

MENGLYE@GMAIL.COM 651 SENJA LINK #12-42

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number Translator's email

Original language used in the statement

No

2 No

Yes

No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

REFER REPORT

ATTACHMENT(S)

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

Yes Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver NRIC No

SJC6500A Mercedes

Private car LIM WEE LAM SXXXX862Z

Accident report SA1L235F0001

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

- The Learn west by complete? by the Policyholder and for the Authorised Descri-
- 6. The experience and acceptance of this form by incurance companies is not an admission of padicy liability on the part of the ex-
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- the report bring made available aforesaid.
- Consent under the Personal Base Protection Act (PRPA)

understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapure ("GIA") implies permitted to called, use disclute and/or process my personal data/personal information set out in this [turns and any other personal information provided by me or passessed by any incures (collectively the "fortunal information") and disclose and transfer such vehicle(s) involved in this except thall be collectively referred to as the "Insurers"), the incurrers lavours flavoring the Monetary Authority of Singapore and any relevant powersment accordinationity (such as the police), for the purposetal
  - (i) sedimenting handling and/or dualing with my claims including the settlement of the claims and any bosonsary

  - the correlagious sate/or desting with my distructions or responding to any enquires by me,
  - for administering my claims (including the making of correspondence, statements, invoices, reports or unfaces to me which could involve disclosure of certain personal data about me to living about delivery of the same is well as or the
- (ii) now Ferranal Information couplean be disclosed by any of the Insurers and for GIA to their third party torvice providence against including their teasyon from froms), which may be sited outside of singapore, for one or more of the above Corpora-
- rus Personal information will also be collected and used to complet claims bistory for the purpose of freed accession,
- (e) the information so collected under (d) above may be charged disclosed:
  - (i) to all insurers and/or any other third parties that pasted in evaluating, investigating controlling or man only traveregistrates, law enforcement and covernment againsts as tensorially required for the purposes stated, or
  - (iii) for ramplying each requirements under any regulations, bees except to

15MAY 2023

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		
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