

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	01/06/2023 11:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/06/2023 08:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INFRONT OF BLK 138 CARPARK TAMPINES STREET 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH8152J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHANG CHONG YI
NRIC No	S0056574A
Email Address	FRANKIECCY71@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97394600
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133914945

DRIVER

Name of Driver	CHANG CHONG YI
NRIC No	S0056574A
Date Of Birth	29/07/1951
Occupation	Indoor

Date Of Driving Pass	06/09/1974
Driving experience	48 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97394600
Alt. Phone Number	-
Email Address	FRANKIECCY71@HOTMAIL.COM
Address	APT BLK 125 TAMPINES STREET 11
Address complement	#06-498
Postcode	521125
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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

I WAS DRIVING STRAIGHT AND WANTED TO TURN LEFT TO THE MULTI STOREY CARPARK BLK 136A WHEN SUDDENLY VEHICLE B CAME OUT FROM THE PARKING LOT 106 AND COLLIDED ONTO MY RIGHT PORTION CAUSING DAMAGE TO MY FRONT AND REAR DOOR.

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	SLP7582P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	GOH KHIOK BOO
NRIC No	S1248491G
Contact Number	-
Address	APT BLK 230C TAMPINES STREET 24
Address complement	#11-15
Postcode	526230
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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.

Frankie Sheng
Policyholder's Signature / Date & Time

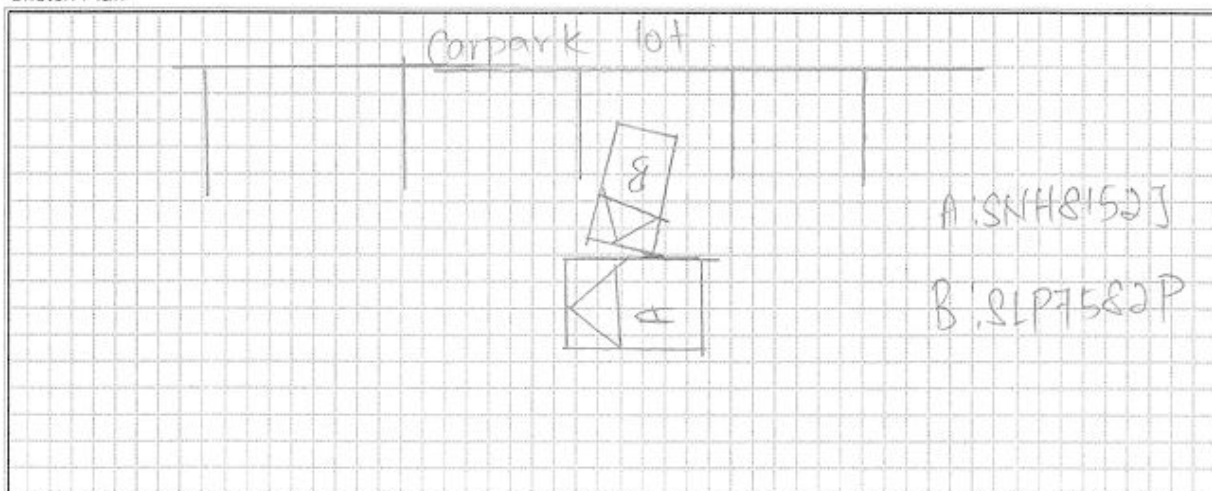
01/06/23 11:54hrs

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

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



Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

I was driving straight and wanted to turn left to
 the multi storey carpark ^{B1R136A}, when suddenly Vehicle B
 came out from the parking lot 106 and collided
 onto my right portion causing damages to my ~~front~~
 front 4th rear door.

Declaration

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

Frankie Chan

Policyholder's Signature / Date & Time

01/06/23 1115HRS

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

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















