

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	07/06/2023 10:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/06/2023 13:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	7 MANDAI LINK (MANDAI CONNECTION)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND634J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN YONG XIAN SAMMY
NRIC No	S8729866C
Email Address	SAMMY_CHEN_1987@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97940987
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
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	5130355659

DRIVER

Name of Driver	CHEN YONG XIAN SAMMY
NRIC No	S8729866C
Date Of Birth	20/09/1987
Occupation	Indoor

Date Of Driving Pass	31/05/2011
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97940987
Alt. Phone Number	-
Email Address	SAMMY_CHEN_1987@HOTMAIL.COM
Address	422B NORTSHORE DR #18-731
Address complement	-
Postcode	822422
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

WHEN I WAS GOING UPWARDS AT THE MANDAI CONNECTION, DATE 05/06/23, TIME 1348.WHILE TRAVELLING, SUDDENLY VEHICLE B GBJ5460X APPEARED INFRONT OF ME COMING FORWARDS MY DIRECTION WITH DOWNSLOP IN MY UPWARDS LANE AND CUT INTO OPPOSITE DOWNSLOP LANE. DUE TO HIS RECKLESSNESS, I HAS NO OTHER WAY TO AVOID. DUE TO VEHICLE (B) GBJ5460X SUFDDEN ACT, VEHICLE (B) GBJ5460X HAD HIT ON MY VEHICLE FRONT AND LEFT SIDE.

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	GBJ5460X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	BACHITTAR SINGH
Passport No/FIN	G6866873K
Contact Number	(Phone) +65-83712971
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

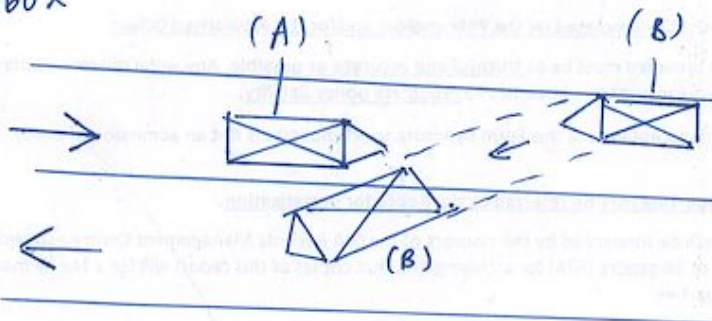
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEN YONG XIAN SAMMY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SND634J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

Vehicle A SNO 634J
Vehicle B GBJ 5460X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was going upwards at the Mandai Connection, Date 05/06/23, Time 1348. While travelling, Suddenly Vehicle B GBJ 5460X appeared in front of me coming towards my direction with down slope in my upwards lane and cut into opposite down slope lane. Due to his Recklessness, I has no other way to avoid. Due to Vehicle (B) GBJ 5460X sudden ACT, Vehicle (B) GBJ 5460X had hit on my vehicle front and left side.

DECLARATION

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

Policyholder's Signature
Date & Time: 6/6/23
17:53

Driver's Signature
(If driver is not the policyholder)
Date & Time: 6/6/23
17:53

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 6/6/23
17:53

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/6/23
17:53

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

















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: SS2X23670001 Vehicle Registration No: SND 634 J

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: _____ Time of Accident: _____

Place of Accident: _____

Insurance Company: _____

(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:

Amend accident time to = 13.48 pm.

Policyholder / Driver's Signature
Date:

fchris
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: