

☐ Scene Pic
☐ Auth Letter

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident	Time (24 HRS)	Location of Accident
16.6.23	11.00hrs	Prinsep St / Bras Basah Rd Junction

Vehicle Registration Number	SKP 49154
Name of Policyholder	cheng Han ching
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	ST113795C
Address	Blk 62 Woodlands Drive 16 #09-28
Address	S'pore 737895
Contact Number	Tel: Hp: 90086672
Email Address	joe.cheng1579@gmail.com

Vehicle Make / Model	Hyundai Elantra
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks: Third Party
Vehicle category	<input checked="" type="radio"/> Private Hire <input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

Name of Insurance Company	Income Insurance
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	5124082565-01

Name of Driver	as above
NRIC/ FIN/ Passport	ST113795C
Date of Birth	9.4.1971
Occupation	Private Hiner / outdoor
Driving Pass Date	12.9.2015
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number	Tel: Hp:
Address	as above
Address	
Email Address	

Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, relationship of Driver with the Insured.	owner
No. of Passenger in vehicle (including Driver)	2 (including Driver)

Please state Passenger Names:	Name: Achuthanand Gender: M
	Name: Gender:
	Name: Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)	NA
Insurance of Driver's Own Vehicle (if applicable)	

Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others:

Was there any foreign vehicle(s) involved? (Malaysia car)	<input type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No <input type="radio"/> Yes Ambulance (Yes/ No)
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes
Was there any video captured? (in-car camera in YOUR CAR)	<input type="radio"/> No <input type="radio"/> Yes

Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station.	
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER

SKP 49154

Vehicle Registration Number	SHA 1837X
Make/ Model/ Others	Hyundai (Comfort Taxi)
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	Yeo Lye Lye Lee
NRIC/ FIN/ Passport	S1655843E
Contact Number	90239554

Vehicle Registration Number	NA
Make/ Model/ Others	
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	


Name	
Phone / Email Address	

Name	
Contact Number	NA
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No


Name	NA
Contact Number	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.


Signature of Policy Holder
(Company Chop if applicable)

Date & Time 16.6.23


Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time 16.6.23

Describe Circumstances of the Accident

I was slowly making my turn into Bras Basah Rd ~~to~~ from Prinsep St. I stopped my car when I saw a pedestrian crossing. My car was subsequently hit by Veh (B) on the rear. Alighted to check. As no one was injured we shifted ~~to~~ our vehicle to the ~~roadside~~ Waterloo Street & exchange particulars. I had a passenger at that time of the accident who left after the accident.

TP claim @

EM SOLUTION PTE LTD

160 Sin Ming Drive

#03-18/19 Sin Ming Autocity


Singapore 575722

Tel: 6456 0226 Fax: 6458 4500


Email: emautosolution@singnet.com

Declaration

We declare the foregoing particulars are true in every respect.

X 

Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

