

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	25/05/2023 15:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/05/2023 13:10 (SGT)
Exact Location of Accident	Bedok North Street 4, Singapore
Additional Location Information	BEDOK NORTH STREET 4 AT CARPARK LOT 93
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND4914A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHOW YONG
NRIC No	SXXXX116F
Email Address	chowyong67@gmail.com
Mobile Phone No	(Phone) +65-93676047
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131090120

DRIVER

Name of Driver	TAN CHOW YONG
NRIC No	SXXXX116F
Date Of Birth	14/11/1967
Occupation	Indoor

Date Of Driving Pass	28/01/1988
Driving experience	35 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93676047
Alt. Phone Number	-
Email Address	chowyong67@gmail.com
Address	417A FERNVALE LINK #08-184
Address complement	-
Postcode	791417
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 24/5/2023 AT ABOUT 0520HRS, I PARKED MY VEHICLE SND4914A AT ALOT 93 OF THE OPEN CARPARK WHICH IS INFRONT OF BLK 87 BEDOK NORTH ST 4 EVERYTHING IS INTACT. BUT AT AROUND 1300HRS, MY BROTHER OH KUAYH/P 93082413 WHO INFORM ME THAT MY VEHICLE HAS SOME DAMAGE ON THE FRONT BONNET AS HE WAS BEEN APPROACH BY ANOTHER FRIVER IN THE AREA THAT THEY SAW AN WHITE COLOUR LORRY HIT ONTO MY VEHICLE AND LEFT LOCATION. AS SUCH DUE TO THIS MY BROTHER THEN CALLEDD FRO POLICE, AND AFTER AWHILE POLICE CAME TO MY LOCATION AS THE MANAGED TO TRACE THE VEHICLE BACK TO AN COMPANY. POLICE THEN CALLED UP THE COMPANY OF THE VEHICLE AND TOLD THE DRIVER OF THE VEHICLE TO COME BACK TO LOCATION, SOON AFTER THE DRIVER RETURN BACK TO LOCATION HE THEN GIVEN ME HIS BOSS CONTACT NUMBER FOR ME TO LIASE WITH OVER THE INSURANCE CLAIM. BUT TODAY AT AROUND 1350HRS I THEN RECEIVED AN CALL FROM POLICE SAYING THAT THEY REQUIRE ME TO LODGE AN POLICE REPORT OVER THE ACCIDENT.

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	GBE9469Y
Vehicle Manufacturer	*
Vehicle Model	*
Vehicle Variant	*
Vehicle Colour	*
Vehicle Category	Commercial vehicle
Name of Driver	DING JINGPENG
Passport No/FIN	GXXXX515T
Contact Number	(Phone) +65-87711213
Address	*
Address complement	*
Postcode	*
Insurance Company Name	*
Nature Of Damage	*
Details of property damaged in accident	*
No. Of Passenger (Including Driver)	*



SKETCH PLAN

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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 lodging of this report to the insurers, you hereby consent to the archiving of this report at the center 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 purposes 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 third 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.

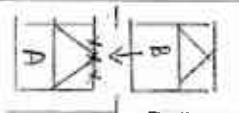
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NR(CID card))

Sketch Plan

Lot 92



Dir 87 Bedok North
ST 4

VEC A: SHD 4914 A
VEC B: GBE 9469 Y

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

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



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