

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	19/06/2023 10:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/06/2023 12:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS SIM AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV7272B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW MEI KHOON
NRIC No	S7218104B
Email Address	LOWOVIER@GMAIL.COM
Mobile Phone No	(Phone) +65-96808040
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Crossland
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	1199

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5123248014-01

DRIVER

Name of Driver	LOW MEI KHOON
NRIC No	S7218104B
Date Of Birth	24/05/1972
Occupation	Outdoor

Date Of Driving Pass	23/09/1997
Driving experience	25 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96808040
Alt. Phone Number	-
Email Address	LOWOVIER@GMAIL.COM
Address	214 BEDOK NORTH STREET 1 #01-155
Address complement	-
Postcode	460124
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	-

PASSENGER 1

Name	JACK HEO
Gender	Male

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

ON THE STATED DATE & TIME AT THE SAID LOCATION, I WAS TRAVELLING ALONG FIRST LANE. VEHICLE B (SLS6414H) IN FRONT OF ME STOPPED AND I FOLLOW SUIT, MY VEHICLE WAS FULLT STOP AND STATIONARY BEHIND VEHICLE B. ABOUT 20 SECOND LATER, I FELT STRONG IMPACT FROM BEHIND AND PUSHED MY VEHICLE FORWARD COLLIDED ONTO REAR PORTION OF VEHICLE B. I NOTICED THAT VEHICLE C (YQ3168U) WAS COLLIDED ONTO MY REAR PORTION OF VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	CANNOT UPLOADING VIDEO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS6414H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97535993
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YQ3168U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-84337257
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.

[Handwritten Signature]



[Handwritten Signature]

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 NRIC/ID card)

Sketch Plan

VECA = 83V 7272 B	
VECB = SL3 6414 H	
VECC = Y0 3168 U	

vJun2022

1

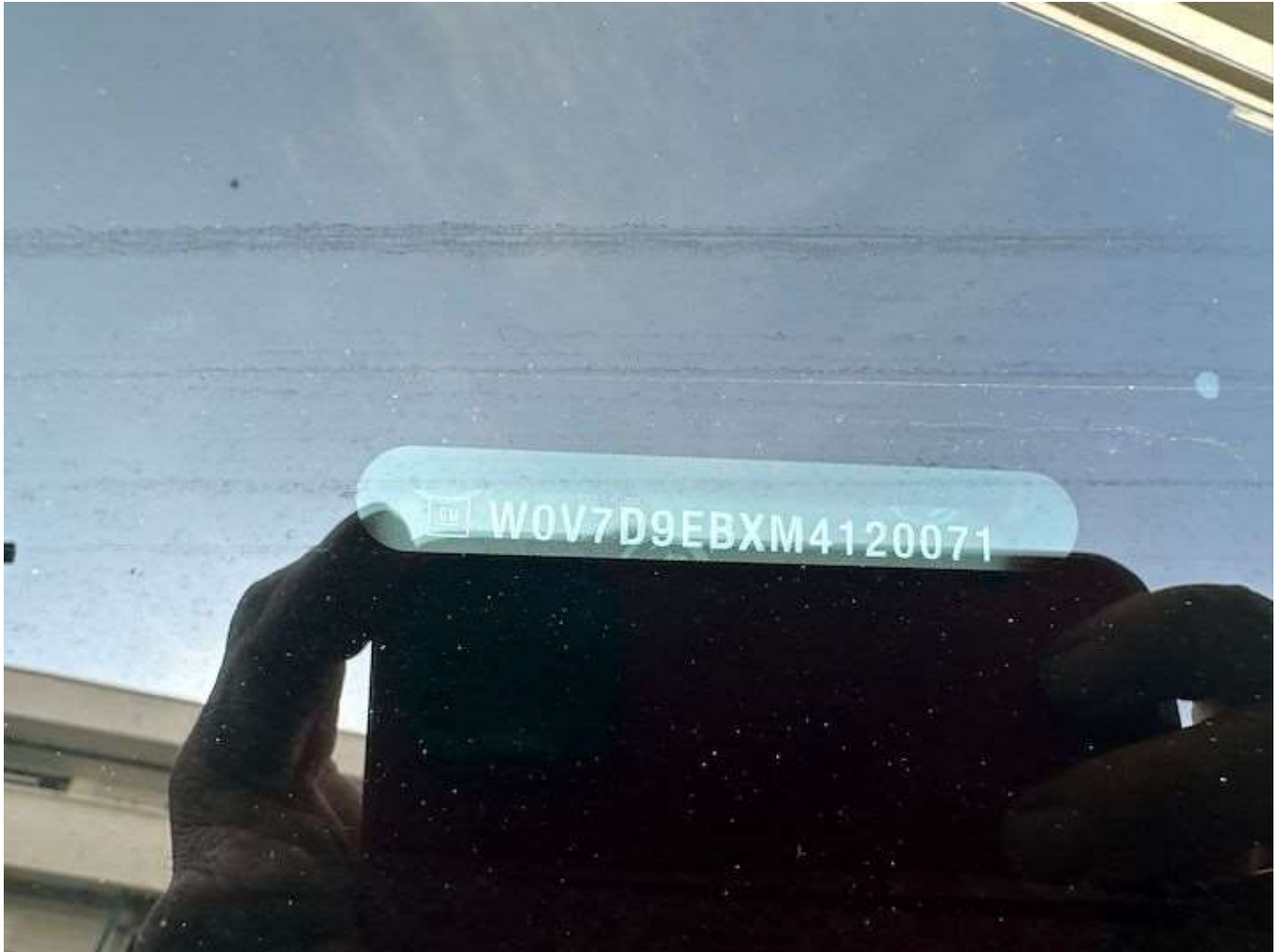


Policyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SH0H236J0002 Vehicle Registration No: SJV7272B
 Name (as shown in NRIC): LOW MEI KHOON NRIC/ FIN/ Passport No: S7218104B
 (* Vehicle Driver/ Policyholder) (*) Please delete as appropriate
 Address: 214 BEDOK NORTH STREET 1 #01-155 Singapore (460124)
 Contact (Tel): _____ Mobile No.: 96808040
 Email Address: LOWOVIER@GMAIL.COM
 Date of Accident: 18/06/2023 Time of Accident: 12:05
 Place of Accident: PIE TOWARDS SIM AVE
 Insurance Company: Income Insurance Limited

(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:

I WOULD LIKE TO AMEND ON THE TYPE OF ACCIDENT TO CHAIN COLLISION.

 Policyholder / Actual Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name (as in NRIC/ ID card):
 Date: