

# 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 .....	23/06/2023 14:27 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	22/06/2023 18:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TPE TWDS SLE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLE4384Y

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JAMES WEE BING WEN
NRIC No .....	SXXXX910Z
Email Address .....	jameswee_93@hotmail.com
Mobile Phone No .....	(Phone) +65-92274846
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	VEZEL 1.5X CVT
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 .....	5129024465

### DRIVER

Name of Driver .....	JAMES WEE BING WEN
NRIC No .....	SXXXX910Z
Date Of Birth .....	07/04/1993
Occupation .....	Indoor

Date Of Driving Pass .....	04/07/2022
Driving experience .....	11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92274846
Alt. Phone Number .....	-
Email Address .....	jameswee_93@hotmail.com
Address .....	BLK 880 YISHUN ST. 81 #10-259
Address complement .....	-
Postcode .....	760880
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 .....	Clear
Road Surface .....	Dry

#### 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) .....	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

REFER TO ATTACHED.

#### 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 .....	EMAIL DIRECT TO INCOME.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLE1552Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	VALIYA SANDEEP

NRIC No .....	SXXXX302G
Contact Number .....	(Phone) +65-91072531
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJT9007Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ZULNASRI BIN MOHAMED AMIN
NRIC No .....	SXXXX626F
Contact Number .....	(Phone) +65-90252365
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

SKETCH PLAN

VEH NO: SLE 4384Y  
 INSURER: Income  
 DATE OF ACC: 22/6/23 @ 18:00

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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

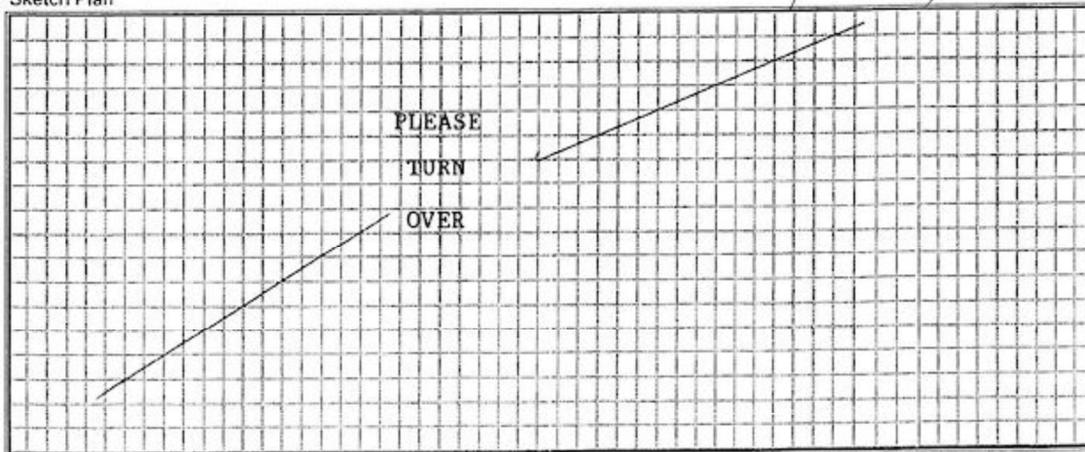
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]  
 Policyholder's Signature / Date & Time

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

[Signature] 23/6  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRC/ID card) (YS)

Sketch Plan



Describe Circumstance of the Accident

\*\* NOTE - PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy      (  ) Claim Third party      ( ) Reporting Only

( ) Claim OD/ TP at other workshop ( \_\_\_\_\_ )

Sketch Plan

DOA: >>16/6/23 @ 18:00

A: SLE 4384Y (Alone)

B: SLE 1552Z  
Valiya Sandeep  
S 7383302 G  
HP-91072531  
(with son & daughter)

C: SJT 9007Z (Alone)  
Zulnasri Bin  
Mohamed Amin  
S 8430626 F  
HP-90252365

I was driving to home from work, along TPE towards SLE. Travelling on lane 1 @ ~ 80km/hr and keeping a safe distance behind the car ahead.

At 1800hrs, 22 Jun 23, the car ahead slowed down rapidly to a stop and I WAS able to stop safely in time. A few seconds later, the car behind was unable to stop and rear-ended my car, resulting in my car surging ahead and coming into contact with the car ahead.

There were no injuries between all parties.

Declaration

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

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

 23/6  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC card)  
(15)