

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	30/06/2023 17:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/06/2023 20:20 (SGT)
Exact Location of Accident	Bukit Batok West Ave. 5, Singapore
Additional Location Information	TOWARDS BUKIT BATOK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1727P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG CHENG MENG (HUANG JINGMING)
NRIC No	SXXXX454C
Email Address	ENCM12@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98440158
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Orlando
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	1400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119173568-02

DRIVER

Name of Driver	NG CHENG MENG (HUANG JINGMING)
NRIC No	SXXXX454C
Date Of Birth	08/11/1972
Occupation	Indoor

Date Of Driving Pass	24/06/1992
Driving experience	31 YEARS
Gender	Female
Mobile Number	(Phone) +65-98440158
Alt. Phone Number	-
Email Address	ENCM12@YAHOO.COM.SG
Address	393 BUKIT BATOK WEST AVENUE 5
Address complement	09-466
Postcode	650393
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 to Rear
Weather Conditions	Clear
Road Surface	Wet

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)	3
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	JONATHON
Gender	Male

PASSENGER 2

Name	JOEY
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

REFER TO SKETCH PLAN

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	VIDEO TOO BIG, WITH OWNER

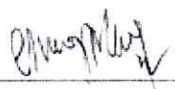
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5473E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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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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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 and packages) and/or
 (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
 (b) all Insurers) 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 a third party 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 NR-C/D card)

Sketch Plan

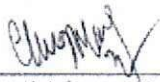
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 50%; height: 50%; border: 1px solid black;"></div> <div style="position: absolute; top: 0; right: 0; width: 50%; height: 50%; border: 1px solid black;"></div> </div> <p style="font-size: 1.2em; margin-top: 20px;">Bukit Batok West Ave 5 Towards Bukit Batok Rd</p>	<p style="font-size: 1.2em;">Vehicle A = SLN1777P</p> <p style="font-size: 1.2em;">Vehicle B = PC5473E</p>
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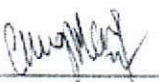
Describe Circumstance of the Accident:

On the stated date & time, I vehicle A
 SLN 1227P was driving ~~along~~ straight along
 Bukit Batok West Ave 5 Towards Bukit Batok Rd
 on the right lane. Vehicle in front of me
 slow down & stopped. I follow suit. Suddenly
 vehicle B PC 5473E cannot stop in time &
 hit into my vehicle.

Declaration

(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

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