

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	10/07/2023 11:29 (SGT)
Reported by	Actual Driver
Date of Accident	09/07/2023 14:43 (SGT)
Exact Location of Accident	Upper Changi Rd, Singapore
Additional Location Information	UPPER CHANGI RD TWDS TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1117K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG GEK HAI
NRIC No	S1500448G
Email Address	HUPMOTOR@GMAIL.COM
Mobile Phone No	(Phone) +65-92313703
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5134900632

DRIVER

Name of Driver	NICOLAS NG YAN CHANG
NRIC No	S9819455Z
Date Of Birth	04/06/1998
Occupation	Indoor

Date Of Driving Pass	28/04/2018
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92313703
Alt. Phone Number	-
Email Address	NICOLASNGYANCHENG@GMAIL.COM
Address	14 UPPER SERANGOON CRESCENT
Address complement	18-37
Postcode	534029
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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)	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	LIM CHUEY LAN
Gender	Female

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

AS PER SKETCH PLAN ATTACHED

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	FBP3462Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
NRIC No	-1
Contact Number	(Phone) +65-87767451
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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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 be 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' law yers/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' law yers/law firms, may be 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 law yers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.

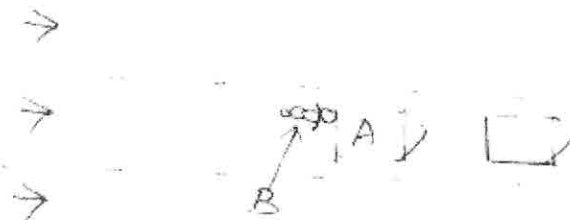
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SJZ 1117K
B: 7BP 3462Y



TEA/DLC
19/11
10/12/23

Describe Circumstances of the Accident

As of 09/07/2023 at roughly 14:35 hours, my vehicle (S12 M7N) was located along Upper Chang Road ~~at~~ heading towards TPE. My vehicle was in the centre (2nd) lane of this road. At the time, all surrounding vehicles were stationary awaiting the traffic light to turn from red to green upon the junction. As the traffic light turned green and as my vehicle along with all cars around me began to move off, that was when I heard a loud collision within the rear-left end of my vehicle. Immediately, I switched to the parking ^{gear} and engaged the vehicle's parking brake. At 14:41 hrs, my passenger (mother) dismounted from the vehicle to assess the situation and conversed with the motorists to find out to their cars. It was driver's license.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD Claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time frame from the day of occurrence	Reporting Only	
	Claim OD	
	Claim TP	✓
	Claim OD / TP at other Workshop	

Declaration

We declare the foregoing particulars are true in every respect.

<p><i>Ng Jui</i> 10/7/2023 1033 hrs</p> <p>Policyholder's Signature - Date & Time</p>	<p><i>Ng Jui</i> 10/07/2023 1034 hrs</p> <p>Driver's Signature (If driver is not the policyholder) - Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
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