

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	11/07/2023 18:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/07/2023 14:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRICKLAND RD NEARBY BUKIT BATOK RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM9997R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG BAO NEE STELLA
NRIC No	S1830176H
Email Address	stellang.bn@yahoo.com
Mobile Phone No	(Phone) +65-93833903
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1400

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	DN23052028

DRIVER

Name of Driver	NG BAO NEE STELLA
NRIC No	S1830176H
Date Of Birth	29/04/1967
Occupation	Indoor

Date Of Driving Pass	02/11/2011
Driving experience	11 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93833903
Alt. Phone Number	-
Email Address	stellang.bn@yahoo.com
Address	821 woodlands street 82 #03-373 singapore
Address complement	-
Postcode	730821
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

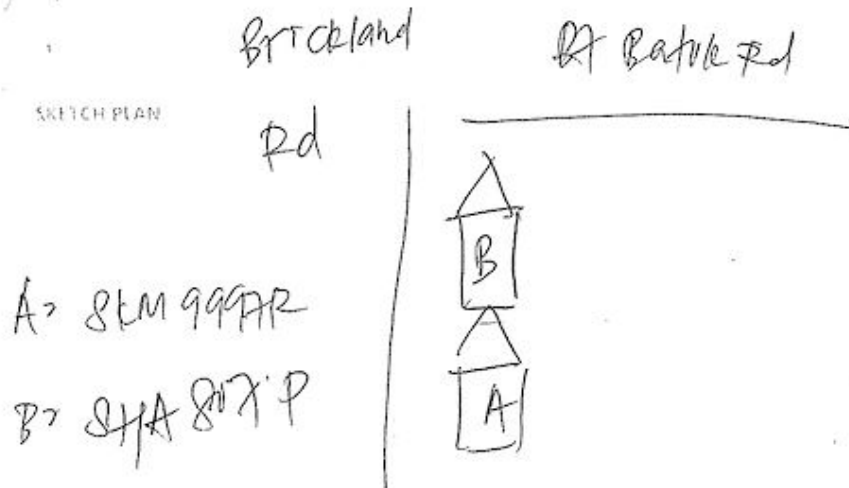
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

please see the sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I waited at the brickland Road & Burt Battle Road traffic light junction the traffic light turned green the car in front of me didn't move I touched his car slightly I got out of the car and told him I'm sorry, he said there is no sorry in such case. We checked our cars and found his car was not damaged, my car was not damaged too. And he proceed to take photo of our cars after his photo taking then he asked his passenger if it okay I heard the passenger said nothing then he drove off his fati 8HA 807P

DECLARATION

I/We declare that the foregoing particulars are true and correct.

Accident Officer Signature
Date & Time

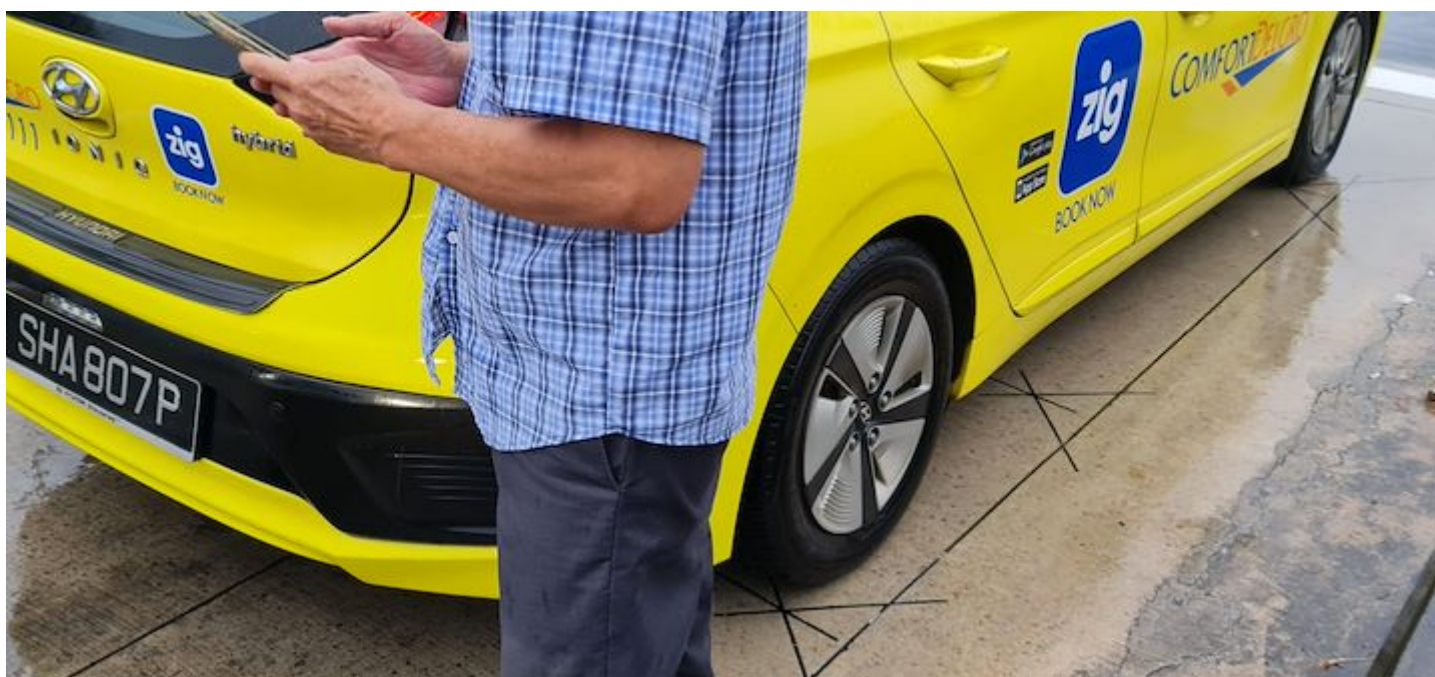
Driver's Signature
If driver not the person involved
Date & Time

Reporting Officer/Police Officer Signature
Date
Time























SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claim process.
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6. The 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 lodgment 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 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 making 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in effecting, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Insurer's Signature
of the relevant Insurer(s) (to be filled in)
Date & Time:

Representing General Insurers' Signature
(to be filled in)
Date & Time:

Personal Particulars

Date of Accident: 11/7/2023 (dd/mm/yy) Time of Accident: 14:50 ^{pm} (24 Hrs)
 Vehicle No: SRM9997R Vehicle Make/Model: VN JAG 1-X
 Exact Location of Accident: Bukitland rd 'nearby bukit katek rd.
 Owner's Name / IC No: Ng Bao Nui Stella
 Owner's Contact No: 93833983 Owner's Email*: Stellang.bn@yahoo.com
 Driver's Name / IC No: as above
 Driver's Contact No: as above Driver's Email*: as above
 Relationship between Owner & Driver: Spouse/Children/Friend/Parents/
 Others please specify: _____ Insurance Company & Policy No: AP000025 / DN23052028
Does the driver own any other vehicle?
 Yes / No If Yes, Vehicle no. _____ & Insurance Company & Policy No: AP000025 / DN23052028
What do you wish to claim? (Please circle one only) *Number of passengers (Including Driver): 1
Own Insurance / Third Party / Reporting Only
Exact purpose for which the vehicle was being used at the time of accident?
Private use / Work purpose
Weather condition & Road Conditions?
 Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet
Occupation Any Witness? *Any Video?
Indoor / Outdoor Yes / No If Yes, please specify _____ Yes / No
Any Injuries? (Police report is required if mc is above 3 days) *Seat Belt?
 Yes / No If Yes, which police station, which part? _____ Yes / No
Third Party (Vehicle B) details:
 Driver's Name/IC No: _____ Vehicle No: SHA807P
 Third Party Insurance: _____ Driver's Contact No: _____
Other's Vehicle Involved (if applicable)
 Vehicle C: _____ Vehicle D: _____ Vehicle E: _____
Was any foreign vehicle involved in this accident?
 If yes, Foreign Vehicle Registration Number: _____