

# 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	15/07/2023 10:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/07/2023 12:10 (SGT)
Exact Location of Accident	Beach Rd, Singapore
Additional Location Information	ALONG BEACH ROAD (IN FRONT OF CONCOURSE)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ2987Y

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RICHA GUPTA
NRIC No	SXXXX613J
Email Address	NIHARI.RICHA@GMAIL.COM
Mobile Phone No	(Phone) +65-98500204
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	VezeL
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	1500

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5077071692-07

### DRIVER

Name of Driver	RICHA GUPTA
NRIC No	SXXXX613J
Date Of Birth	09/07/1977
Occupation	Indoor

Date Of Driving Pass	09/07/2009
Driving experience	14 YEARS
Gender	Female
Mobile Number	(Phone) +65-98500204
Alt. Phone Number	-
Email Address	NIHARI.RICHA@GMAIL.COM
Address	37 TAMPINES STREET 34
Address complement	#09-42
Postcode	529240
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	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)	4
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	POOJA CHOPRA
Gender	Female

#### PASSENGER 2

Name	POOJA SINGH
Gender	Female

#### PASSENGER 3

Name	OM SINGH
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

AS PER SKETCH PLAN ATTACH.

#### ATTACHMENT(S)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	YP8956J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMAD FAUZI BIN GHANI
NRIC No	SXXXX608D
Contact Number	(Phone) +65-87691380
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 3. I understand that the information I provide in this report will be used for the purpose of determining my liability for the accident.
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- 7. By the lodging 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 other relevant government agency, authority, court or the police, for the following purposes:
    - (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;
  - (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 (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, 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.

*[Handwritten Signature]*

Policyholder's Signature & Date

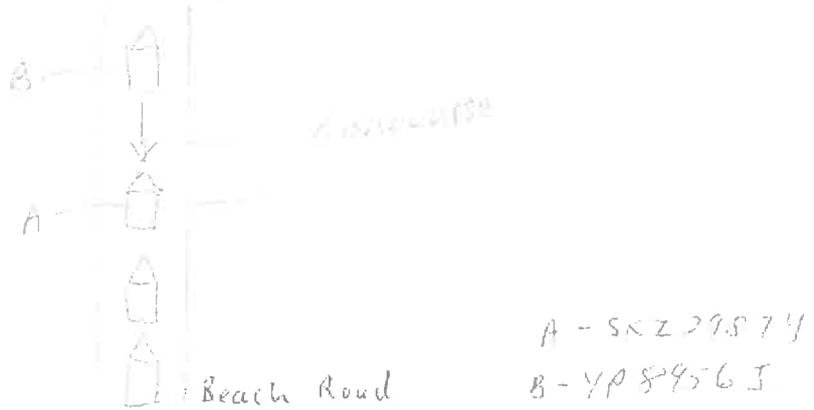


*[Handwritten Signature]*

Reporting Centre Personnel's Signature  
Name  
No. of Phone

Driver's Signature  
If signed for the policyholder Date  
& Time

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was engaged head at concession but a too long during scanning the lossy. After I turned so many times & he kept steering I can't see where he became into ongoing traffic & he hit my car. He admitted to settle through insurance.

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Claim OD / TP At Falcon-Air	Claim OD / TP Own W/shop	Reporting Only
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DECLARATION

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

Policyholder's Signature & Date

*Ricko*  
15/07/2022 9:30am

Driver's Signature  
If driver is not the policyholder Date & Time

Reporting Officer's Signature  
Name  
No. 12345



