SN0722BE0014-01 / Income Insurance Limited ENTRY DATE & TIME: 14/11/2022 16:48 (SGT) SUBMITTED BY: Ash Kamal VERSION: 2 (29/11/2022 16:34 (SGT))

# **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 witholding 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 14/11/2022 16:48 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 10/05/2022 11:23 (SGT) Exact Location of Accident Singapore Additional Location Information TPE (SLE) 3.5KM, Left most lane Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Honda

Motorcycle

Auto

125

No - Claiming third party

Vehicle Registration Number F8811S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOON HENG GOON NRIC No S0772302D Fmail Address AARONLOON@MSN.COM Mobile Phone No (Phone) +65-94578811 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Wave 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?

Vehicle Category Transmission CC

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5057608442-09

DRIVER

Name of Driver LOON HENG GOON NRIC No S0772302D Date Of Birth 10/05/1950 Occupation Indoor

Date Of Driving Pass 17/09/1980 Driving experience 41 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-94578811 Alt. Phone Number Email Address AARONLOON@MSN.COM Address 498H TAMPINES STREET 45 #08-448 Address complement Postcode 526498 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 Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Yes Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to Police Report. 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 SML7717C Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	_
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person	LOON HENG GOON
Gender	Male
Phone No	(Phone) +65-94578811
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	71
Injuries Sustained	Bleeding from head, body, hands and legs.
Injured person in which vehicle?	F8811S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

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## 5. Any false reporting may be referred to the Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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:

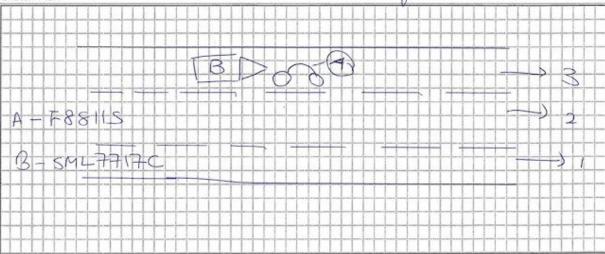
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

& Time

Sketch Plan



1

ed by Reporting Centre Personnel as in NRIC/ID card)

Describe Circumstance of the Accident	
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Declaration

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

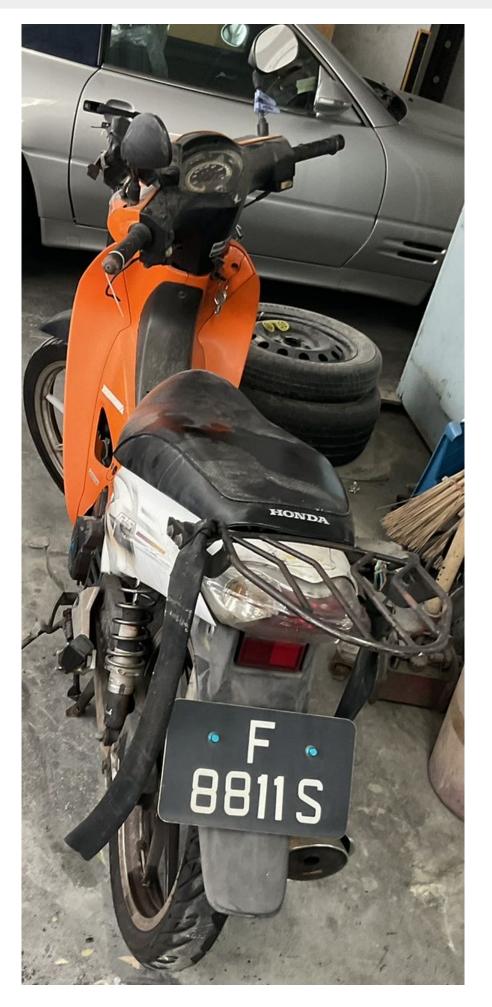
Policyholder's Signature / Date & Time

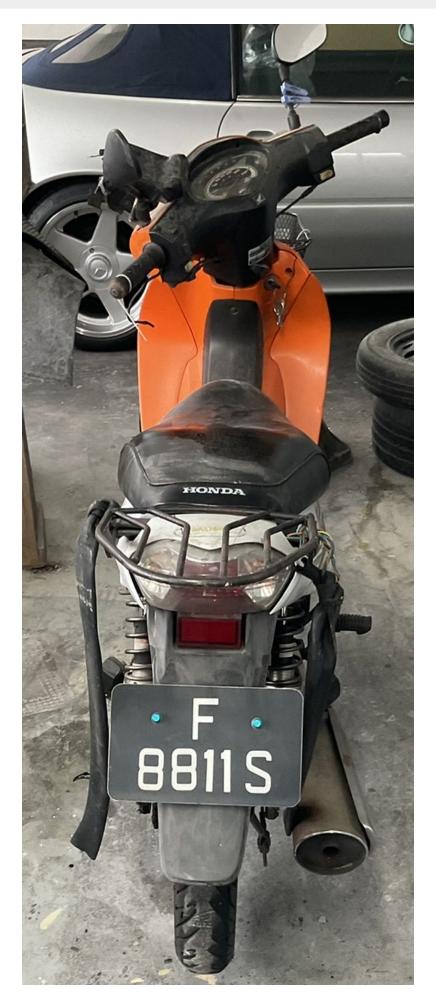
Driver's Signature (if driver is not the policyholder) / Date & Time

Winesses by Reporting Centre Personnel (Nagre Isylin NRIC/ID card)

2















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report. \*

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SNO7 22 BEVULY Vehicle Registration No: F881(5 Name (as shown in NRIC): LOON HENGGOON NRIC/FIN/Passport No: 507723026 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate Address: BLOCK 4974 TAMPINES STREET 43 # 08-448 Singapore (526 497 Mobile No.: 82450773 Email Address: aaron oon @ msn.com Place of Accident: 10 | 05 | 2022 Time of Accident: 11 - 23 A ny Place of Accident: TVE 3.5kM Place of Accident: \_\_\_\_ Insurance Company: NTVC (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FIN No.:

Date:

GIARMC Addendum Form