

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	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

Vehicle Registration Number	F8811S
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INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer	Honda
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?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	125

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	Male
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	2
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)	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?	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?	No
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

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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/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.

倫興源
Policyholder's Signature / Date & Time

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

12/11/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

The sketch plan is drawn on a grid. It shows a road layout with two vehicles involved in an accident. Vehicle A is labeled 'A - F8811S' and Vehicle B is labeled 'B - SML7717C'. There are arrows indicating directions of travel. A small diagram shows a vehicle's path with a circle and an arrow. The vehicles are positioned on a road that appears to be a junction or a narrow section of a road.

Describe Circumstance of the Accident

Motor
Police
to
Court

Declaration

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

倫興源

Policyholder's Signature / Date & Time

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

29/11/22

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















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0722BE0014 Vehicle Registration No: F88115
 Name (as shown in NRIC): LOON HENG GOON NRIC/FIN/Passport No: S07723026
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLOCK 497H TAMPINES STREET 45 #08-448 Singapore (526498)
 Contact (Tel): _____ Mobile No.: 82450778
 Email Address: aaronloon@msn.com 94578811
 Date of Accident: 10/05/2022 Time of Accident: 11.23 AM
 Place of Accident: TPE 3.5km
 Insurance Company: NTUC

(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:

(A) Amend sketch plan

倫興源
 Policyholder / Driver's Signature
 Date:

29/11/22
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: