SA18237E0007 / Abwin Service Pte Ltd ENTRY DATE & TIME: 14/07/2023 15:58 (SGT) SUBMITTED BY: Claims

VERSION: 1 (14/07/2023 15:58 (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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of withouting of material facts may allow insurance companies to reputial 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 14/07/2023 15:58 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 14/07/2023 10:10 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARDS CHANGI (AFTER ENG NEO EXIT) Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SMY8558U

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM BOON SEONG NRIC No SXXXX342I Email Address LIMBOONSEONG@HOTMAIL.COM Mobile Phone No (Phone) +65-84984316 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Shuttle 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 No - Claiming third party your vehic**l**e? Vehicle Category Private car Transmission Auto 1500

#### INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5131299392

#### DRIVER

Name of Driver LIM BOON SEONG NRIC No SXXXX342I Date Of Birth 08/03/1979 Occupation Indoor

Date Of Driving Pass 16/12/2022 Driving experience 7 MONTHS Gender Male Mobile Number (Phone) +65-84984316 Alt. Phone Number Email Address LIMBOONSEONG@HOTMAIL.COM Address 32 SEGAR ROAD Address complement 02-13 Postcode 677722 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMV5488Z Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

Name of Driver
Contact Number

Address		 	 
Address complement		 	 <b>-</b>
Postcode		 	 <del>-</del>
Insurance Company Name		 	 <b>-</b>
Nature Of Damage		 	 
Details of property damaged in			
No. Of Passenger (Including D	river)	 	 <b>-</b>

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LIM BOON SEONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	2 DAYS MC
Injured person in which vehicle?	SMY8558U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

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- 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 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, involces, 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.

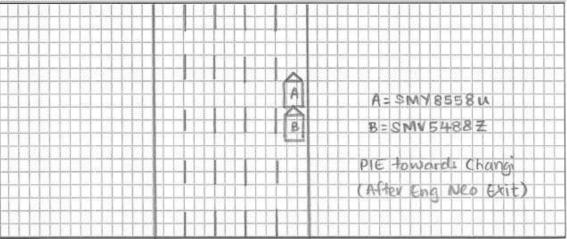
#### (collectively the "Purposes"

- (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.

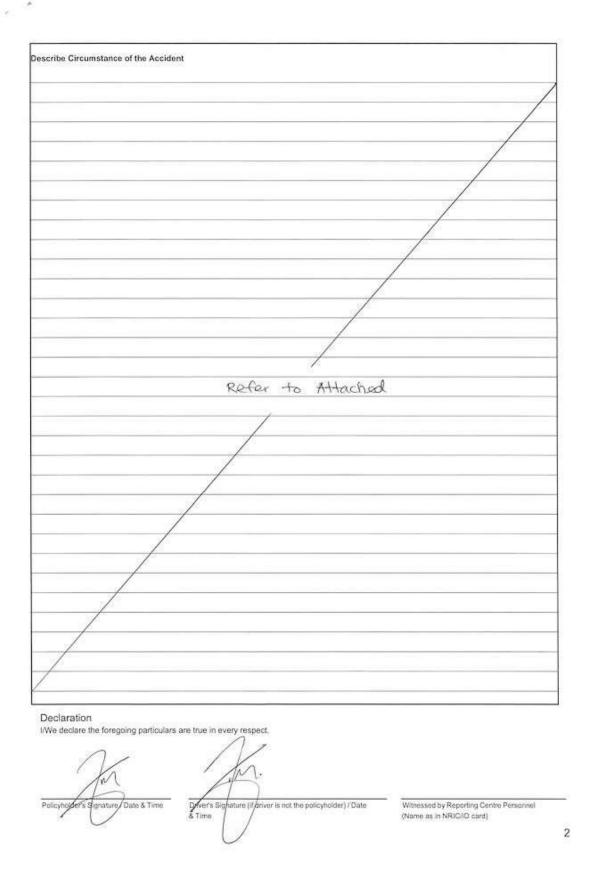
Policyholder's Signature / Date & Time Driver's Signature (if d) & Time

Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel & Time (Name as in NRIC/ID card)

Sketch Plan



1



On 14.07.2023 at about 10:10 hours along PIE towards Changi (After Eng Neo Exit), I was travelling straight on lane 1 at the above mentioned location and when the front vehicle slowed down and stopped, hence I also followed suit.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): SMY 8558U

Vehicle (B): SMV 5488Z

