Your NCD will be affected due to late reporting

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 First Submission	11/09/2024 17:35 (SGT)
Reported by	Actual Driver
Date of Accident	09/09/2024 13:46 (SGT)
Exact Location of Accident	River Valley Green, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM4246P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GLORY LEASING PTE. LTD.
Company Reg No	201926488W
Email Address	relexpress71@gmail.com
Mobile Phone No	(Phone) +65-84820913
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PROACE CITY ELECTRIC AUTO
Variant	ELECTRIC
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5137837958-01

DRIVER

Name of Driver	JUARIME BIN IBRAHIM
NRIC No	S7125500Z
Date Of Birth	24/06/1971
Occupation	Outdoor
Driving Pass Date	07/09/2015
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-89129008
Alt. Phone Number	-
Email Address	relexpress71@gmail.com
Address	BLK 11 YORK HILL
Address complement	#07-98
Postcode	162011
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED SKETCH PLANS

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	SNE3959Y
Vehicle Manufacturer	Toyota
Vehicle Model	ALTIS
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
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

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 Authorised Driver**.
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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 Police for investigation**.
6. The report w ill be forw arded 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 w ill 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

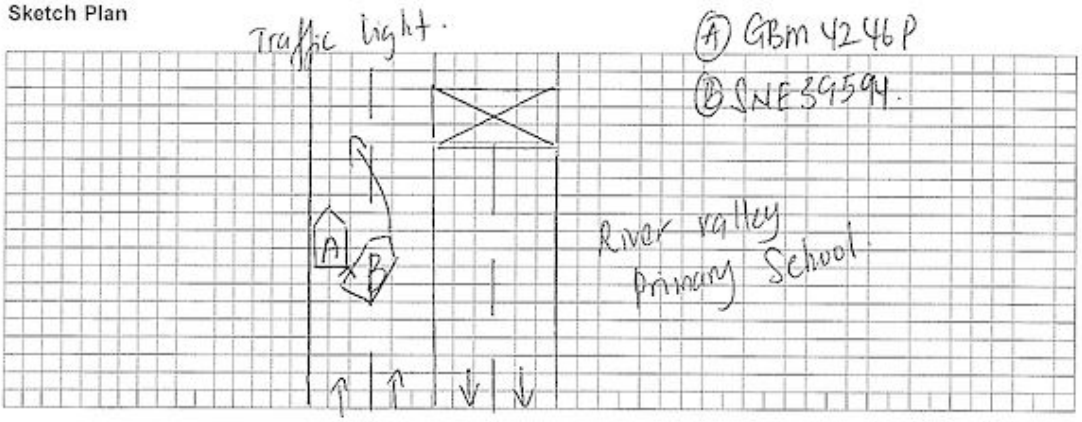
GLORY LEASING PTE LTD CO REG NO: 200000000

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer police report
T/20240909/7058

☐ Claim OD ☐ Claim Third Party ☑ Claim ~~OD~~/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

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

GLORY LEASING PTE LTD CO REG NO: 201[illegible]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

IMAGES


Third Party Motor Claim
Own Damage Motor Claim
Windscreen Replacement
Tyre Replacement
Spray Painting
Panel Beating
Servicing
GBM 4246P

IMAGES #2

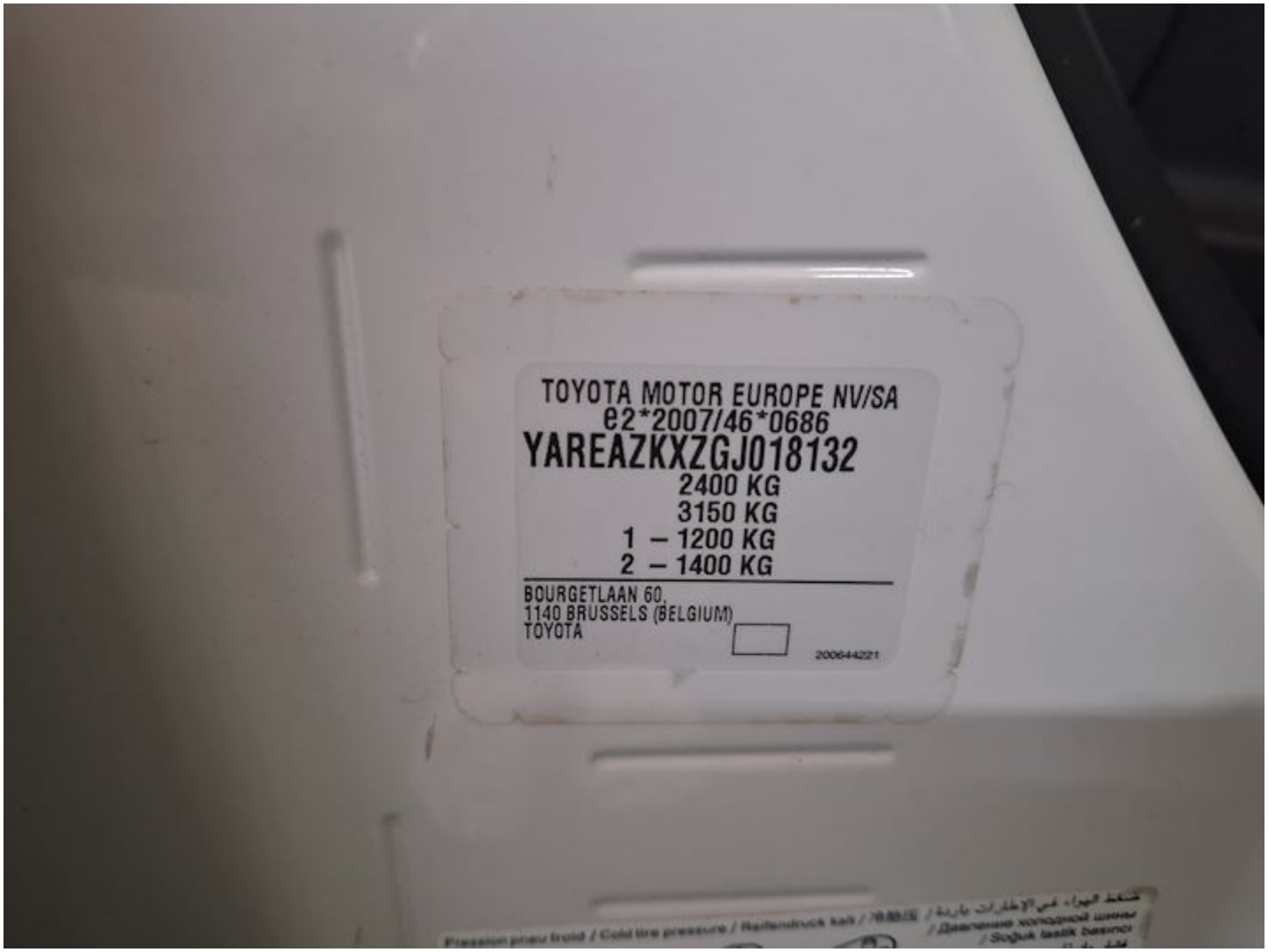
IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7


TOYOTA MOTOR EUROPE NV/SA
e2*2007/46*0686
YAREAZKXZGJ018132
2400 KG
3150 KG
1 – 1200 KG
2 – 1400 KG
BOURGETLAAN 60
1140 BRUSSELS (BELGIUM)
TOYOTA
200644221

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

SINGAPORE POLICE FORCE

T/20240909/7058

Report No. T/20240909/7058

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
09/09/2024 15:18		

Informant's Particulars

Name of Informant:			Address:
JUARIME BIN IBRAHIM			11 YORK HILL #07-98 SINGAPORE 162011
ID Type / ID No.:			Contact No.:
NRIC NO / S7125500Z			Home/Office: Mobile: 89129008
Nationality:			Email:
SINGAPORE CITIZEN			SAMSHAHMIL@GMAIL.COM
Sex:	Age:	Date of Birth:	Type of Informant:
Male	53	24/06/1971	Driver
Race:			Language:
Boyanese			English
Occupation:			Driving Licence Information:
Parcel Delivery			Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/09/2024 13:46	Type of Location: Straight Road

Location:

RIVER VALLEY GREEN

Weather:	Road Surface:	
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
Two Way	Not Controlled	Heavy
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Side Swipe - Same Direction		No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBM4246P	Motor van	TOYOTA	Proace City	White	Slightly Damaged	0
SNE3959Y	Motor car	TOYOTA	Altis	Silver		1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20240909/7058

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20240909/7058

CONTINUATION OF REPORT

Driver			
Name	JUARIME BIN IBRAHIM	ID No.	S7125500Z
Related Vehicle	GBM4246P (Motor van)	Contact No.	89129008
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SNE3959Y (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On the above-mentioned date, time and location, I was at River Valley Primary School to fetch my son at the school. While I was waiting for his arrival at the entrance of the school, I was involved in a minor accident with a Singapore Vehicle(SNE3959Y). The said car was behind me. I saw passengers board the said car. As the car about to drove off, the car slightly side-swiped the right rear of my van(GBM4246P). I heard an impact from the rear of my vehicle. I went out of my vehicle to approach the driver of the car(SNE3959Y) however the driver drove off. I also went to the rear of my van and saw scratches on the right rear bumper. I only managed to get a photo of the vehicle that side-swiped my van.

I decided to lodge a traffic accident report regarding the matter.

SINGAPORE POLICE FORCE

T/20240909/7058

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20240909/7058

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/09/2024 15:18
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414	Classification Of Case:

This report is lodged at Bukit Merah West NPC Kiosk 1 NP168