SA18248J0005 / Abwin Service Pte Ltd ENTRY DATE & TIME: 20/08/2024 17:24 (SGT) SUBMITTED BY: Claims VERSION: 1 (20/08/2024 17:24 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

3. Information provided intustive as additional stress of the sound 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 the property of the conduction of the c

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 Reported by Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

20/08/2024 17:24 (SGT)

Actual Driver

19/08/2024 11:17 (SGT)

Bartley Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMZ273M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

LONDON CONSTRUCTION PTE. LTD.

2XXXXX046H

HR@LONDONCONTRUCTION.COM.SG

(Phone) +65-84441288

VEHICLE PARTICULARS

Manufacturer

Model

Kia Forte

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

No - Claiming third party

Private car

Auto

1591

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5121866587-03

DRIVER

Name of Driver KOH XUANRUI NRIC No TXXXX322G Date Of Birth 13/12/2000 Occupation Outdoor **Driving Pass Date** 29/11/2019

Driving License Pass Class Driving License Validity Valid

Driving experience 4 YEARS AND 9 MONTHS Male

Gender

Mobile Number (Phone) +65-93238872

Alt. Phone Number **Email Address** HR@LONDONCONTRUCTION.COM.SG

Address 858 TAMPINES AVENUE 5 Address complement 08-533

Postcode 520858 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee

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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes

Number of Passengers (Including Driver) 0 Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? 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

SNE8697U

Vehicle Manufacturer



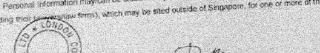
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	_
Address complement	-
Postcode	-
Insurance Company Name	2
Nature Of Damage	2
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

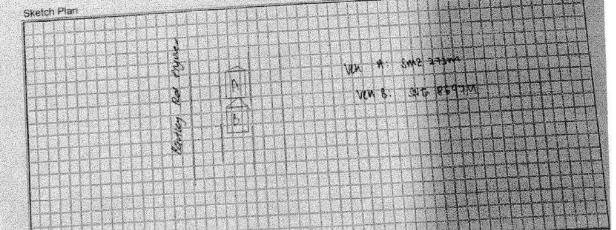
- Piease report correctly the details of the anothers to speed up the claims process.
- Information provided must be as fruitful and accurate as possible. Any within insrepresentation or withholding of material facts may allow. This Form must be completed by the <u>Policyholder and or the Actual Driver</u>.
- 4. The issue and acceptance of this Ferm by insurance companies is not an edimination 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 estamished by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee by made available upon application by interested parties.
- 7 By the sudgement of this report to the insurers, you hereby consent to the archiving of this report at the bestre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to cosets, use, disclose i understand, acknowledge, agree and consent that and/or process my personal detailpersonal information set out in this (form) and any other personal information provided by me of possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal information to all insurer(s) who have insured vehicle(s) evolved in this accident (all insurer(s) who have insured vehicle(s) involved in this excident shall be collectively referred to as the "Insurers"), the insurers lawyers law firms, the Monetary Authority of Singapore and any relevant
- (i) processing handling und/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (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 of eolices 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
- (y) complying with applicable law in advarrationing, processing, handling and/or dealing with my classis
- (b) all insurer(s) who have insured vehicles(s) involved in this accident and the insurers tawyers/law time, 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 analor GIA to their third-party service providers or agents egishor ferms), which may be sited outside of Singapore, for one or more of the above Purposes.



grover is not the policyfielder; / Date Policyholdera Gignature : Date & Time

Winesand by Recording Centre Personale Name as in NRICID card



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Declaration We declare the foregoing particulars are true in every of	espect.
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	Witnessed by Reported Ball And Control of the Contr
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