SA18249N0009 / Abwin Service Pte Ltd ENTRY DATE & TIME: 23/09/2024 15:01 (SGT) SUBMITTED BY: Claims VERSION: 1 (23/09/2024 15:01 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>.

- 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.
   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

Reported by

Date of Accident

**Exact Location of Accident** 

Additional Location Information

Country/State of Loss

23/09/2024 15:01 (SGT)

Both Policyholder and Actual Driver

22/09/2024 12:30 (SGT)

AYE, Singapore

TOWARDS CITY

Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNT427G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

No

HO WEE CHEW

SXXXX866C

JIMMYHO123.HJ@GMAIL.COM

(Phone) +65-90660923

VEHICLE PARTICULARS

Manufacturer

Model

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

Toyota

Noah

No - Claiming third party

Private hire

Auto

1800

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5149125598

DRIVER



Name of Driver
NRIC No
Date Of Birth
Occupation
Driving Pass Date
Driving License Pass Class
Driving License Validity
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address

Email Address Address Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

If No, Relationship of the Driver with the Insure Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface Collision - Head to Rear

HO WEE CHEW

37 YEARS AND 5 MONTHS

JIMMYHO123.HJ@GMAIL.COM

BLK 116 BUKIT MERAH VIEW

(Phone) +65-90660923

SXXXX866C

15/04/1964

06/04/1987

Outdoor

3

Valid

Male

#02-211

151116

Yes

No

Clear 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? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 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

PASSENGER 1

Name Gender PASSENGER 1

Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

ATTACHMENT(S)

Yes No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU7516E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car 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)

### INJURED PERSONS DETAILS

## INJURED 1

Name of injured person HO WEE CHEW Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained 5 DAYS MC Injured person in which vehicle? SNT427G Were seat belts worn? Was this injured conveyed to hospital by ambulance? No

#### 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 Poscyholder and/or the Actual Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misregresentation or withholding of material facts may allow insurance companies to moudiate octicy 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 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.
- 7. By the longerment 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 one 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 addident (all insurer(s) who have insured vehicle(s) involved in this addident 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;

(ii) carrying out and/or dealing with my instructions or responding to any enquires by me:

(V) administrating my claims (including the mailing of correspondence, statements, involves, reports or notices to me, which could involve disclosure of certain personal data about the to bring about delivery of the same as well as on the external cover of envelopes/mail ocickenes); and/or

(v) complying with apolicable law in administering, processing, handling and/or dealing with my dains (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 Porsonal Information for one or more of the above Purposes, and

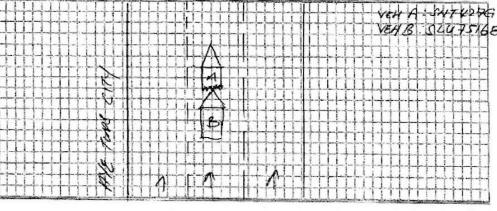
(d) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their towyers/low firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Stonatura / Octor& Timo

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

Willnessed by Reporting Centre Personnel (Name as in NRCC/ID card)





e Orcumatano	e of the Acciden	<b>!</b>	and the same of the same and the same of t	The Agreement of the State of t	way or work of the state of the	And a management of the second
Please	reter	to	polia	regard	7/200	40922/7041.
		The second second second			a second	
	en den alle e-denre same ever	range (re. ) to the example			value of the same of the same of	
mande esta de la companya de la comp		Appendix of the second state of the second sta	Name - 200 150 2	and of the continue of the second		
	and the state of t	approximately produced to the control of the contro				
	and the contract of the contra		The second secon	and the second of the second o		
		and the second second second	No subject to the foreign to the subject to the sub	and the second s	age and the second of the seco	
			and the second of the second			production of the same of the
				the first standard special and the standard special control of		and the control of th
and the second second	The state of the s	والمساورة والمسا	A	and the second s	, <u>in</u>	
naje stanografijanski opiskom i rezerva im se stanografi					and the second second	and the second s
				and the second second second	-	
	and the same of th		record to the second to the se			
ment and an implementation of the state of t		a species assessed for			Secretary of the second second	
		en management of the second	With the property and the second seco	and the second s	and the second s	and the second of the second s
and the state of t		Andrew St. St. Sept. at 1.	u m m (com a cocce e			
						and provided the company of the contract of th
allocation of the second			and the state of t		A STATE OF THE STA	
an year o'r o'r samannin tryfniga mae'r ydd y'r arnan a mae'r di				management (Anti-American Art Agent) in reference (Anti-American Art Agent) in reference (Anti-American Art Ag		a manda a sa mata mana da a sa
			and the second s	ar i na veza i se militar por esta e e e	nig Allerini	
and the second of the second o	Control of the State of the Sta			and the second s		COLUMN CONTRACTOR CONT
Declaratio	n Ima taragaing par	iculars are	true in every rest	esci.		(ANTES)
the gave o	· · ·	-				
		2/20				
Folias Solder	: Signature / Data &	Terro	Dawer's Signature (i & Time	full and the policy f	cádis) / Dale	Witnessed by Reporting Centre Persons (Names as in NR ICPD Card)