

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

 Please report to the details of the accurate a speed of the details 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 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 27/09/2024 16:21 (SGT)

Reported by Both Policyholder and Actual Driver

Date of Accident 27/09/2024 06:05 (SGT)

Exact Location of Accident PIE, Singapore

Additional Location Information (TUAS) TOWARDS LOR 6 TOA PAYOH

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM3071P

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner CHUAN HWEE KWANG

NRIC No SXXXX960B

ANDREWCHUAN67@GMAIL.COM Email Address

Mobile Phone No (Phone) +65-81687026

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish

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?

No - Claiming third party Vehicle Category Private hire

Transmission Auto CC 1800

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 5106480189-05

DRIVER

Name of Driver CHUAN HWEE KWANG NRIC No SXXXX960B Date Of Birth 28/03/1967 Occupation Outdoor **Driving Pass Date** 25/02/1986 Driving License Pass Class 3 **Driving License Validity** Valid Driving experience 38 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-81687026 Alt. Phone Number **Email Address** ANDREWCHUAN67@GMAIL.COM Address **BLK 259C PUNGGOL FIELD** Address complement #13-53 Postcode 823259 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 Side Swipe 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name PASSENGER Gender Male 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 ATTACH ATTACHMENT(S)

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

D. intertion Number		FBH9923L
Vehicle Registration Number	A CONTRACTOR OF STREET	<u>2</u>
Vehicle Manufacturer		-
Vehicle Model		-
Vehicle Variant		200
Vehicle Colour		Motorcycle
Vehicle Category		
Name of Driver	THE RESERVE AND ADDRESS OF THE PARTY OF THE	-
Contact Number		
Address		16 .0 1
A James complement		-
Postcode		-
Incurrence Company Name		-
O(D		-
Nature Of Damage	In accident	*
No. Of Passenger (Including	Driver)	-

Pulloyholder's Signature / Date & Time Driver's Signature (if other is not the policyholdes) / Date		Vitineoused by Reporting Contre Personnel Disease as in MRIC/D card)	
Declaration We declare the toragoing particular	sars are true in every respect.		Co Res. No. m 2013/1868/96/
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SKETCH PLAN

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 report being made available aforeseid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, adknowledge, agree and consent that:

(a) My frauter, thy workshop and the General Insurance Association of Singapore ("GIA") maylare permitted to collect, use, disclose end/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 (e-likectively 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyershaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

 f) 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 ancilor my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my daints (including the making of correspondence, statements, invoices, reports or notices to site, which could involve disclosure of cartain 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' tawyers/law firms, maylare 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

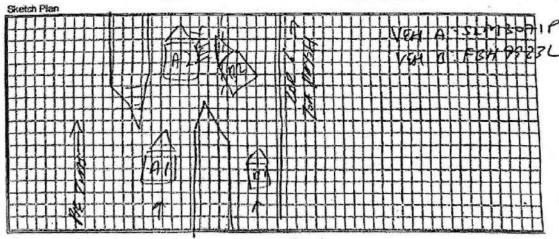
(including their lawyers/law firms), which may be sled outside of Singapore, for one or more of the above Purper (IAC)

Policyholder's Signature / Date & Time

Driver's Eignature (if chivar's not the policyholder) / Dale

Wincesed by Reporting Centre Personnel (Name as in NRIC/IO card)

2013188850



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