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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 wilder 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.

In a issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for Investigation.
 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.
 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.

ACCIDENT STATEMENT

Date of First Submission Reported by **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

07/06/2024 17:18 (SGT) **Actual Driver** 07/06/2024 12:20 (SGT) Maxwell Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PC3485J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

SAMANGGI 5XXXX715C JSQWEN@GMAIL.COM (Phone) +65-94311413

VEHICLE PARTICULARS

Toyota Manufacturer Hiace 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

Auto 2982

Private hire

No - Claiming third party

Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5141721730

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHUA KIM HOON SXXXX059Z 29/04/1959 Outdoor



Driving Pass Date 16/05/1977 Driving experience 47 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-91513820 Alt. Phone Number Email Address JSQWEN@GMAIL.COM Address 198 ENG KONG GARDEN Address complement Postcode 599296 Is the driver the policyholder? If No, Relationship of the Driver with the Insured No 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 by fallen tree / Other objects Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 3 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 QUEK SER HOON Name Male Gender PASSENGER 2 NG HONG YIAP Name Male Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Yes Are accident photos available for attachment? No Was there any video captured by Car Camera? DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Position	YN5071S
Vehicle Registration Number	Isuzu
Vehicle Manufacturer Vehicle Model	-
Vehicle Model Vehicle Verice	-
Vehicle Variant	•
Vehicle Colour Vehicle Category	Commercial vehicle
Name of Driver	JORDAN LIM ZHENG KAI
	8XXXX530C
Contact Number	(Phone) +65-96320095
Address	-
Address complement	
Address complement Postcode	-
Insurance Company Name	_
Nature Of Damage	Ī
Details of property demand	- 145
Details of property damaged in accident	: 1 .
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the dataits of the accident to speed up the claims process.
- 3. Information provided must be as in that and proceeds as possible. Any with misropresentation or withholding of metorial facts may allow
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy (ability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be ferwarded by the insurers to the GIA Records Management Centra established by the General Insurence 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 haveby consent to the archiving of this report of the contre and to copies of this report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

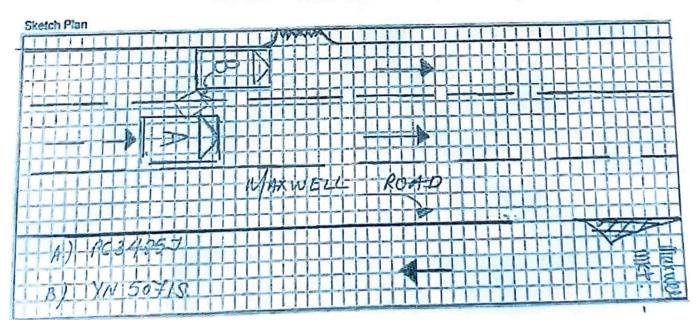
I understand, acknowledge, agree and consent that:

- (a) My insurer, my weekshop and the General Insurance Association of Singapore ("GIA") maylare parmitted 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 inscree(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' tawyers/low firms, the Monetary Authority of Singapose 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:
- (a) investigating the accident and/or my claims;
- (iii) courying out and/or dealing with my instructions or responding to any enquires by me;
- (iv) administratoring my claims (including the mailing of correspondence, statements, invoices, 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 envelopesamail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my daims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this ecoldent and the insurers' lawyerzhaw firms, maylore permitted to collect, use, declare and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by say of the Insurers and/or GtA to their third-party service providers or agents tincluding their lawversitaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)



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Policyholder's Signature / Date & Time Actual Diever's Signature (if driver is not the policyholder)

(Name as in NRICED card)