SA1824AE000G / Abwin Service Pte Ltd ENTRY DATE & TIME: 14/10/2024 15:50 (SGT) SUBMITTED BY: Claims

VERSION: 1 (14/10/2024 15:50 (SGT))

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

14/10/2024 15:50 (SGT) Both Policyholder and Actual Driver 11/10/2024 08:05 (SGT) PIE, Singapore TOWARDS TUAS BEFORE EXIT 9

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKC6227C

INSURED/POLICYHOLDER

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

Mobile Phone No Alternative Phone No Yes

ALLIANCE TRANSPORTATION SERVICE PTE. LTD.

2XXXXX976G

INFO@ALLIANCETRANSPORT.COM.SG

(Phone) +65-67372770

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

Mercedes

E200

No - Claiming third party

Private hire

Auto 1800

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5141065700

DRIVER



Name of Driver **HUGHSON TAN WEI MIN** NRIC No SXXXX784B Date Of Birth 19/05/1990 Occupation Outdoor **Driving Pass Date** 14/09/2009 **Driving License Pass Class** 3 **Driving License Validity** Valid Driving experience 15 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-82185951 Alt. Phone Number HUGHSON_TAN@OUTLOOK.SG **Email Address** Address **BLK 411 SERANGOON CENTRAL** Address complement #04-373 Postcode 550411 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? Yes Was any injured conveyed to hospital by ambulance? No 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?

Police Station Name

Police Station Phone No

(Phone) +65-65470000

(Fax) +65-65474900

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

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	SLR408X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	
Contact Number	-
Address	1-1
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 Gender	HUGHSON TAN WEI MIN Male
Phone No	-
Address	s -
Address Complement	
Post Code	<u>;</u>
Approximate Age Years Old	: -
Injuries Sustained	4 DAYS MC
Injured person in which vehicle?	SKC6227C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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Declaration

We declare the foregoing particulars are true in every respect



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er's Signature (if driver is not the policyholder) / Dete no



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



Scanned with CamScanner

- 2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Intermation provided must be as <a href="https://www.intermation.orwithholding.orwith.com/resentation.orwithholding.orwith.com/resentation.orwithholding.orwi
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- 6. 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 tee be made evaluable upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consont 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)

Lunderstand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the Ceneral insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal information sold out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and insurer such Personal Information to all insurer(s) who have insured workdo(s) involved in this accident (all insurer(s) who have insured workdo(s) involved in this accident 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:

 processing, handling and/or dealing with my claims including the settlement of the deline and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims,

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

(v) administering my claims (including the mailing of correspondence, statements, knyoless, 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 envelopes/mail peckages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my datms.

(colectively 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 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 crowdens or agents (including their tawyers/law firms), which may be alted outside of Singapore, for one or more of the above (including their tawyers/law firms).

A Positive Experience

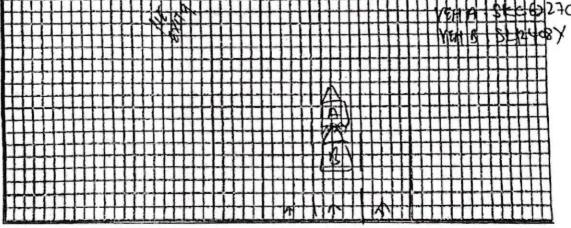
ALLIANCE Transportation Service Pte Ltd Addition's Symptotic Service

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2013185850

Sketch Plan



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