

SN0724680003 / Income Insurance Limited
ENTRY DATE & TIME: 08/06/2024 11:46 (SGT)
SUBMITTED BY: Indra Aziz
VERSION: 1 (08/06/2024 11:46 (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 withholding 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	08/06/2024 11:46 (SGT)
Reported by	Actual Driver
Date of Accident	07/06/2024 09:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	2 PANDAN CRESCENT LOADING AREA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3977B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TSH GAS PTE. LTD.
Company Reg No	202310180N
Email Address	CHINGWEI@TSHGAS.COM.SG
Mobile Phone No	(Phone) +65-94751201
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	FS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5139465969

DRIVER

Name of Driver	YAP HAI CHOOI
NRIC No	S1344151J
Date Of Birth	23/01/1959
Occupation	Outdoor

Driving Pass Date	27/03/1980
Driving experience	44 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98341138
Alt. Phone Number	-
Email Address	CHINGWEI@TSHGAS.COM.SG
Address	646 JURONG WEST STREET 61
Address complement	#11-138
Postcode	640646
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	Hit and run / Vandalism / Damaged whilst parked
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

MY VEHICLE XE3977B WAS PARKED STATIONARY WHEN THE REAR OF THE OTHER VEHICLE YQ5249G REVERSED INTO THE FRONT OF MY VEHICLE.

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	YQ5249G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Contact Number	(Phone) +65-91016279
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

Refer to LTAARS report

Declaration
I/We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time *CP* 080624 1130


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) *W. K. A. R. R. A. S. Y. H. M. T. Z.* 994949 2

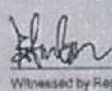
SKETCH PLAN

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- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to re-evaluate 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.
- 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.
- 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.
- 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 me 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 accident (all insurer(s) who have insured vehicle(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:
(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;
(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 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 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' 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 providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time

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

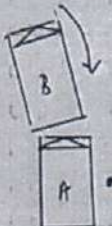
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

080624 1130

INDIA PEEA SYAH ADZ 5994949

Sketch Plan

A: XE3977B
B: YQ5249G



STATIONARY
PARKED

2 PANDAN CRESCENT LOADING AREA.