# **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 23/10/2024 12:03 (SGT) Reported by **Actual Driver** Date of Accident 22/10/2024 13:40 (SGT) Exact Location of Accident Dunearn Rd, Singapore Additional Location Information BEFORE ADAM RD EXIT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number CB6627G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WONG ANN LIN @NG AH KAW NRIC No S0979334H Email Address wongannlin@hotmail.com Mobile Phone No (Phone) +65-94766639 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model Coaster 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 - Reporting only Vehicle Category Bus Transmission Manual CC 4000 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 5126937652-02

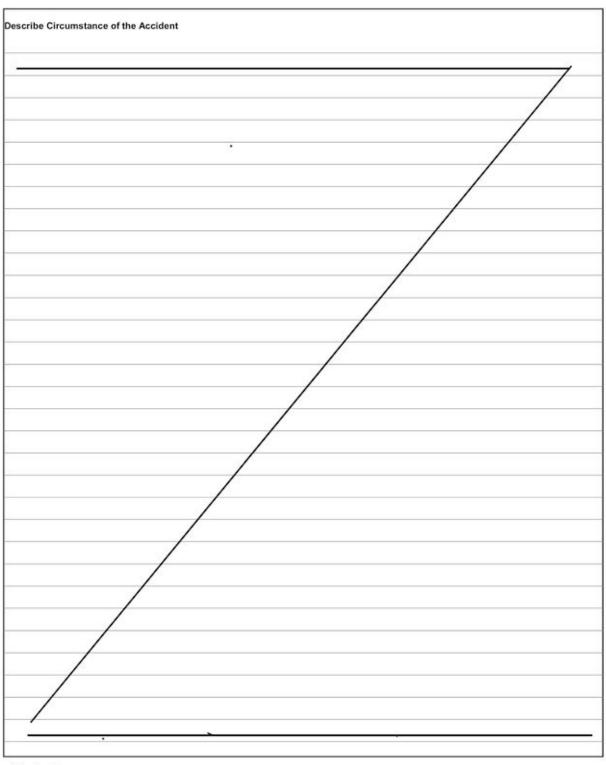
DRIVER

Name of Driver WONG KAI EN, KENNETH NRIC No S9017699D Date Of Birth 27/04/1990 Occupation Outdoor Driving Pass Date 16/06/2011 Driving License Pass Class Driving License Validity Valid Driving experience 13 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-91142341 Alt. Phone Number Email Address KENKAMIKAZE90@GMAIL.COM Address 438A #15-1017 Address complement **BUKIT BATOK WEST AVENUE 8** Postcode 651438 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Chain Collision 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? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 15 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 **UNKNOWN** Gender Female PASSENGER 2 Name **UNKNOWN** Gender Female PASSENGER 3 Name **UNKNOWN** Gender Female PASSENGER 4 Name **UNKNOWN** Gender Female PASSENGER 5 Name **UNKNOWN** Gender Female

PASSENGER 6

Name Gender	UNKNOWN Female
PASSENGER 7	
Name Gender	UNKNOWN Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
WHEN VEHICLE B JAM BRAKE, I WAS NOT ABLE TO REACT C	ON TIME AND COLLIDED WITH VEHICLE B REAR.
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  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)	- - - -
Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  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)	CB8076H Bus
DETAILS OF OTHER	VEHICLE PROPERTY 3
Vehicle Registration Number Vehicle Manufacturer	SMP7876E -

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)	



## Declaration

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

Policyholder's Signature / Date & Time

May 23.

23102024 & 1200HRS

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

Mohammad Ikhsan Bin Abdul Aziz
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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### SKETCH PLAN

## IMPORTANT NOTICE

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## 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.
- 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.

### 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 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.

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23102024 & 1200HRS

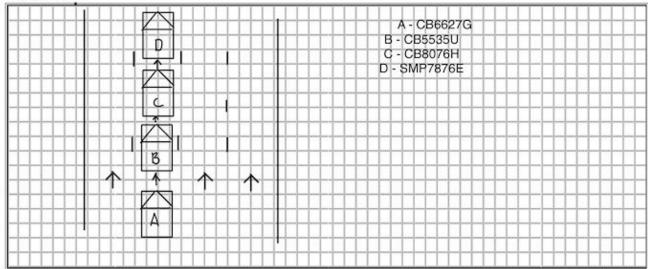
Driver's Signature (if driver is not the policyholder) / Date & Time

Mohammad Ikhsan Bin Abdul Aziz

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

### Sketch Plan

Policyholder's Signature / Date & Time



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