

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

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.

4. The Issue and acceptance of the Issue and I 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

01/11/2024 16:32 (SGT) **Actual Driver** 30/10/2024 17:55 (SGT) Singapore T JUNCTION TEMBELING ROAND AND TEMBELING LANE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNM290U

INSURED/POLICYHOLDER

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

Yes TRIBECAR PTE LTD 2XXXXX563H BYANGARH@HOTMAIL.COM (Phone) +65-98165122

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

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Suzuki SWIFT 1.2 GLX CVT

No - Claiming third party Private car

Auto 1197

Income Insurance Limited 5145970159-000003

DRIVER

Name of Driver HO ZONG HAN, BRYAN NRIC No SXXXX335E Date Of Birth 14/04/1995 Outdoor Occupation **Driving Pass Date** 30/10/2017 Driving License Pass Class 3A **Driving License Validity** Valid Driving experience 7 YEARS Gender Male Mobile Number (Phone) +65-98165122 Alt. Phone Number **Email Address** BYANGARH@HOTMAIL.COM Address BLK 712 PASIR RIS STREET 72 11-47 SINGAPORE 510712 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured 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 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) 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 JERMAINE GAN Gender Female 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 ATTACHED ATTACHMENT(S)

Yes

Yes

VIDEO WITH INSURED

Accident report SK0N24B1M00D

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

GBK8288C

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Colour-Vehicle CategoryCommercial vehicleName of DriverNG AIK CHANNRIC NoSXXXX375IContact Number(Phone) +65-81223730

Address - Address complement -

Postcode Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

Name IRFAN QURESHI
Phone (Phone) +65-83188154

Email

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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/mailingly 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 GA to their third party service providers or agents (including their-latgress/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Signature (If driver is not the policyholder) / Date

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

Witnessed by Reporting Centre

Sketch Plan

Tembelity Ed

A: SAMSADO

B: GBK8288C

escribe Circumstances of the Accident	
5 1 200 A 11	
Date of Incident : SUTH Uctober	The second secon
Time of Invident: 17:35	
Loration of Incident: Jembling Kond (Single Texts, Two strang	
Date of Incident: 30th October Time of Incident: 17:55 Location of Incident: Tembling Rond (Single-lone, Two-Way residential street)	
Other Party Involved Name: Not ALK CHAN Contract Info: 8122 3730 Vehicle No GBK 8288C Address: 363 Sombawang Road Goodlink Par	
None : NG ALK CHAN	
Contact 10fo, 8122 3730	
webicle No GRY 8288C	
Aldress: 362 Sembawana Road Goodlink Por	K (5)
158379	
4) 4, (1)	
Incident Description	
While driving the Tribe Car I was morning along	side a von
when the you which was in the wrong line	and drivin
While driving the Tribe Car, I was moring along when the van which was in the wrong line against the flow of teaffic, absorptly swerved line, colliding with the right side of my and rawing visible damage.	into my
line colliding with the right side of my	humper
and cowing visible damage.	
Danage Literation:	
sight side of the bumper curtoured home	as from
Damage Liseription: Right side of the bumper southined home the Collision.	J-32
Additional Notes	
I checked my micrors before moving off	\$
Both vehicles were in motion: the True in the recreed lane while the von entermined and incorrect lane, can	be for was
in the correct lane while the von ent	wied my la
unexpectedly from the incorrect line, can	sing the
Collision.	

Declaration

IWe declare the foregoing particulars are true in every respect.

1

1506 1/11/24 1200

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel