

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	04/11/2024 09:24 (SGT)
Reported by	Actual Driver
Date of Accident	02/11/2024 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE/ SLE (TPE) EXPRESS WAY (WOODLANDS TOWARDS SEMBAWANG)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6572K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MINI TOONS PTE LTD
Company Reg No757Z
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	0
Vehicle Fuel	Diesel
First Registration Date	03/08/2018
Chassis no	GDH2012000313
Effective Date/Time of Ownership	03/08/2018 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5110734850-05

DRIVER

Name of Driver	GAN HUAN BIN
NRIC No	-
Date Of Birth	-
Occupation	Outdoor
Driving Pass Date	02/08/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	-
Alt. Phone Number	-
Email Address	-
Address	-
Address complement	-
Postcode	-
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SHB990L
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

REPORTING POLICY

1. Report within 24 hours of the accident to the nearest police station.
2. The form must be completed and submitted to the nearest police station.
3. Information provided must be of sufficient detail to enable the police to identify the vehicle and the driver.
4. The police will issue a report on the accident and a copy of this report will be sent to the nearest police station.
5. The report will be forwarded to the nearest police station and a copy of this report will be sent to the nearest police station.
6. The report will be forwarded to the nearest police station and a copy of this report will be sent to the nearest police station.
7. By the lodging of this report to the nearest police station, you hereby acknowledge that you are making a statement of the facts and to the best of your knowledge and belief that the facts are true.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand that the police and the nearest police station will be using my personal data for the purpose of investigating the accident and for the purpose of processing my claim and I consent to the police and the nearest police station using my personal data for the purpose of investigating the accident and for the purpose of processing my claim.
 - (b) processing, handling and/or dealing with my claims including the settlement of the claim and any necessary investigations relating to the claim;
 - (c) investigating the accident and/or my claim;
 - (d) carrying out and/or dealing with my obligations or responding to any enquiries by me;
 - (e) administering my claim (including the making 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 claim as well as on the external cover of enveloped mail postage); and/or
 - (f) complying with applicable law in administering, processing, handling and/or dealing with my claim.
- (collectively the "Purposes")
- (g) all insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/claimants, insurers permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (h) my Personal Information may be disclosed by any of the insurers and/or GIC to their third-party service providers or agents (including their lawyers/claimants), which may be used outside of Singapore, for one or more of the above Purposes.



Polyholder's Signature / Date & Time

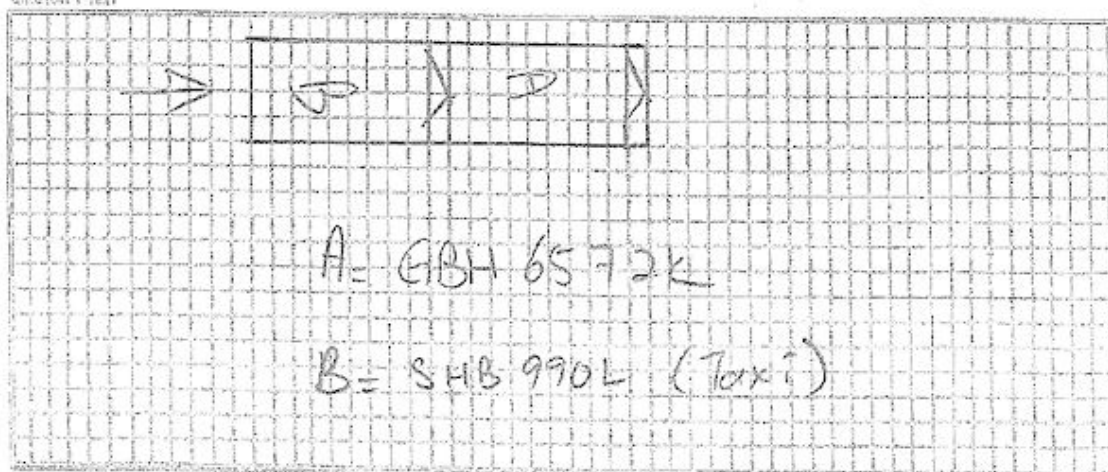
[Signature]

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

LOH

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

Sketch Plan



Describe Circumstance of the Accident

At 02 November 2024 about around 12 pm,
I was driving along at CTE then the in front
vehicle suddenly jam brake. After that my vehicle
A (GBH6572K) also jam brake and able stop in time.
But the vehicle B (SHB990L) ~~was~~ unable stop in time.
As the result is the vehicle B (SHB990L) hit to the
my vehicle A (GBH6572K) rear position.

Declaration

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



Policyholder's Signature / Date & Time

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

LOH

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















